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LECTURES ON PHRENOLOGY,

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BY

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LECTURE I.

"WHAT is Phrenology?" * Such is the title of a work lately published, whose author answers the question by describing phrenology as "a system of psychology," and even as the most perfect system of this kind that the state of our knowledge admits of. Gentlemen, the definition just laid down is a sufficient recommendation of the science towards which I propose drawing your attention for a few lessons. Phrenology, the best, the most perfect system of psychology that exists! Superior even to the metaphysical doctrine of the Scottish school, a doctrine generally regarded as the most philosophical, the most natural, and the most perfect of those existing at the present day!! This one might consider as warm praise of a system which has experienced, and still meets with, so many incredulous, so many avowed enemies; but we neither accept the definition, nor its consequences; on the contrary, we reject it altogether. No, gentlemen, phrenology is not a system of psychology, and we cannot admit amongst us terms which suggest nothing but hypothetical theories. Phrenology is the physiology of the brain; this is the true acceptation of the word; the definition adopted by GALL; one that we should still preserve, because it is at once exact and rational.

When the study of the cerebral functions was denominated psychology, men studied life independent of organization; but the tendency of our studies is now fortunately of a different kind. The term ψυχη (soul, mind) presupposes a motor, a power inaccessible to our senses; it is the *quomodo*, the *how*, of physiological phenomena. We do not presume to seize on this hidden force and present it to your contemplation; we leave it in its true domain, that of faith. In studying the actions of the brain, we shall confine ourselves to such as may be understood by the aid of our senses, or inductions drawn from established facts, the only two means which man can employ in his investigations, without the danger of straying from the truth.

Gentlemen, you are all familiar with the brain and the rest of the nervous system; the centre of that system receives impressions through means of the nerves, which we may regard as conductors. We may denominate these impressions excitements, because they awaken and exalt the cerebral function. The nerves by which these emotions are transmitted to the brain are visible, and their functions are demonstrated by actual experiment, of which the effect is visible; we may, therefore, admit these preliminary assertions as established.

The brain when acted upon reacts; or, to employ clear and definite expressions, it acts on the application of a stimulus. Its actions may be distinguished into four orders,—

1st. *Instincts*, which we subdivide, with the phrenologists, into two species,—instincts, properly so called, and inclinations.
2nd. *Sentiments.*
3rd. *Intellectual Faculties.*
4th. *Motions.*

This division embraces the sum of cerebral functions appreciable by means of the senses, or by induction. The observations we shall presently make with regard to man and animals, prove this; in the meanwhile permit me to draw your attention to the regions of the brain, which corresponded with the first three orders just mentioned.

The *instincts*, those primitive actions of the brain, for the support of life, depend on the inferior central, and on the posterior, inferior, and lateral portions of the nervous centre. The regions now indicated, when stimulated by the internal or external nerves of the body, give rise to the movements necessary for executing the functions of circulation, digestion, respiration, and genera-

* By M. Lelut, one of the most inveterate and redoubtable opponents of phrenology in France.

tion; the instinct of preserving their young in certain animals, and the instinct of association, defence, artifice, and attack, faculties which are common to man and animals.

The *sentiments* emanate from the superior part of the brain; they are a kind of social instincts which induce men to assemble together in society. They are the elements of civilization, and we discover traces of them in several animals.

The *intellectual faculties* depend on the anterior portion of the brain; it is by his intelligence that man excels all other animals, in whom we find these faculties infinitely less developed; they also admit of subdivisions, of which we shall speak at a future period. The three orders of cerebral function now mentioned are connected in an evident manner with the development of the three regions of the head that we have indicated, and it is impossible to contest the connection, if we reflect on the relation which exists between the physical dispositions of man, and his instinctive, moral, or intellectual faculties. Take the head of an idiot, that, for example, of the Amsterdam fool, so well known to all phrenologists as offering a remarkable absence of the organs of intelligence. This head, which, from its size, you might judge to belong to a child, was that of a girl seventeen years of age. The posterior portion is almost the only part which is developed; the superior portion, corresponding with the sentiments, is merely as it were sketched out; the anterior part of the head, the seat of intelligence, is perfectly flat; now the cerebral actions were in exact conformity with this physical disposition; the girl possessed instincts, and some sentiments; she was mild, caressing, and showed symptoms of affection, such as you might find in a little dog; but she exhibited no trace of elevated moral character, and seemed totally deprived of intelligence, being unable to articulate a single word. With a slight degree of physical malformation we observe milder degrees of idiocy, and the different shades may be readily distinguished in the various skulls with which our collections abound. Compare these heads with the skulls of men distinguished for the elevation of their moral or intellectual faculties, and you will find a conformation of quite an opposite character; here the superior and anterior portions of the skull are amply developed; the contrast is more eloquent than any language, and it is impossible to reject the inductions derived from this source, unless we shut our eyes on purpose to avoid seeing the evidence.

It now remains to lay before you a general view of the *movements*, which constitute our fourth order. These are simply actions of the brain, which, on the receipt of a stimulus, communicates motion to various organs, either directly through its own nerves, or through its prolongation into the vertebral canal; we may distinguish these movements into two species, according to the organs acted upon. The first motions affect our internal organs. You are all aware how effects of this kind are produced by moral emotions, which make the heart palpitate, communicate different sensations to the viscera, derange the digestive act, and exercise a powerful influence on the organs of the generative apparatus in man; they also modify the excretion of bile, the excretory canals, &c.

The movements of the second species are performed by the muscles. It is unnecessary to enter into any details upon this point before auditors who are all, I suppose, sufficiently acquainted with anatomy.

Here, then, you have the basis on which phrenology has been founded; on one side the nervous centres, enveloped in solid cases, the skull and vertebral column; on the other side the functions of these centres, subdivisable, as you see, into four orders. Anatomy and physiology are therefore the objects of our study; we shall consider the cerebral functions as we would any other organic acts; we shall not abandon a part of our task to the metaphysicians, as had been erroneously done up to the birth of phrenology, and we shall thus avoid the obscurities that envelop psychology, where all is dark and vague; we shall, on the contrary, have to consider nothing but facts, whose authenticity may be established by every person of common intelligence.

The distinction of the cerebral functions, which we have laid before you in a summary manner, was only drawn in these latter times, and may well be cited as a result of the progress made by the human intellect. A rapid sketch of the different steps by which reason has arrived at this degree of perfection cannot fail to be interesting; we shall therefore endeavour to trace it for you, and follow a path which will lead us to the system that forms the subject of the present course.

There was a time when anatomy and physiology did not yet exist; when man estimated his moral faculties according to the impressions he received from external objects, and according to his will: at this period the intelligence was divided into two portions, the understanding and the will. The former comprised the faculty of perceiving ideas, of combining them together, of judging, reasoning, &c.: by the will was understood the faculty of being affected in an agreeable or disagreeable manner; of desiring, wishing, and acting in consequence. The majority of the ancient philosophers were for a long time content with this distinction. Doctrines sanctioned by length of years generally seem as it were sacred, and are revered from genera-

tion to generation in successive centuries. This respect for what is ancient explains why the physiology of the brain has remained so long in a state of infancy. However, we find even in the earliest writers some forethought of the distinction made at the present day between the different functions of the brain. Volition, a faculty so remarkable from the rapidity with which it produces its effects, could not fail to excite meditation; we desire to lift the arm, and it is done; we desire to direct the intellect towards any subject, and in an instant it is accomplished; on the contrary, do we wish to change the object of our reflections, the mind instantaneously flies elsewhere. But what philosopher, at the time we speak of, could perceive any connection between this phenomenon and the attributes of matter? No one. An immaterial being was created to command matter, and this imaginary lord was denominated soul, mind, ψυχη. Finally came some anatomical knowledge, and men discovered that the immaterial principle resided in the brain, a fact demonstrated by a most conclusive experiment: cut off the head, and the reign of the immaterial being ceases on the moment. The condition of the primary cause on which volition depends is, then, too clearly indicated to admit the slightest doubt. This great fact once established, it became possible to seize the action of certain organs, and show that the intellectual faculties might be separated from one another, and, as it were, dissected. Thus, when one of the senses was wanting, a whole class of ideas disappeared with it; the simultaneous absence of two senses was attended by the loss of two series of ideas, and the possibility of the intelligence existing in part was thus discovered. Hence the necessity of admitting certain senses which become the servants of the intellectual principle (ψυχη), seated in the brain. Here, then, we find a first distinction established, a sovereign and his servants. But the understanding thus recognised became afterwards the subject of interminable discussions, while the organs whose importance was indicated by the several senses were totally forgotten. A man readily acquires the consciousness that a difference exists between intellectual ideas, because each individual differs from his neighbour. Possessing the power of communicating his ideas, one man says to another, "I feel in one way; you feel in another; our friend's sentiments are quite distinct from ours." These remarks gave rise to distinctions; divisions and subdivisions were made in the operations of the mind; hence by degrees the existence of faculties was established, but always independent of organs. However, the Grecian philosophers, who probably were acquainted with the Eastern ideas, carried their views somewhat further: they admitted an action of the brain and senses; ideas were regarded as furnished by the senses, while the brain operated on the ideas thus introduced. Then came Plato, who said, "Ideas are every thing; they form the universe, are derived from the Supreme Being, are constituted by him, and form the ensemble of the creation." What strange conceptions of the human mind! Remark, gentlemen, how ideas introduced by the senses are here transformed into the types of bodies: the philosopher depicts them as existing from all eternity in the bosom of God, who finally realizes them, by creating bodies after their model. But these considerations would carry us too far from our subject; our business is to consider ideas in connection with the functions of the brain. Now if we confine ourselves to this limit, we find that, according to Plato's theory, ideas constitute the fundamental phenomena: they are all innate, but seated in the brain,—external impressions being nothing but reminiscences.

Aristotle, the disciple of Plato, appeared on the stage; he declares that ideas, admitted by his master, are anterior to all human knowledge, but not innate; they are introduced through the medium of the senses, and become graven on the understanding, which the Grecian philosopher compares to a waxen tablet untouched by the stylus, or to a sheet of blank paper. This theory, though seemingly simple, was not implicitly received. Aristotle himself was compelled to admit the existence of passions, of torment derived from the external world, and deranging the regularity of impressions made on his blank surface. The Platonics were not content with this; they perceived that men act differently under the influence of the same ideas; hence, even at this remote period, was seen the necessity of admitting something concealed, something above ideas, some innate disposition to employ ideas in a determinate manner. This remark was just; but to what did it lead? Where was this innate disposition placed? By the followers of Plato, in the mind, vaguely; but according to Aristotle, in the mind as seated in the brain.

Thus, gentlemen, we arrive at the origin of theories on sentiments and instincts.

These preliminary notions on "ideas" are quite abstract, and may be regarded unfavourably by several of my auditors; however, the subject by which they are suggested should not be neglected by medical men, to whom every branch of science should be familiar, since every science is applicable to man; while they are expected to answer a multitude of questions, unconnected with the art of healing, which occupy society. Besides, the subject is closely connected with philosophy, and principally logic. I also feel myself compelled, on the

present occasion, to prefer a course of philosophy founded on phrenology; a course which, though it cannot yet exist, because its importance is overlooked, will probably be instituted before many years have elapsed.

Gentlemen, I have been addressing you for some time on the difficult subject of "ideas," but have not yet attempted to define precisely the sense we should attach to this term. The word "idea" signifies, primitively, image; the origin of ideas was derived from observation. A man having once seen an object, and turned away his eyes from it, observed that a certain impression of the object remained; he could sometimes even represent the object in its proper form and colour, by the art of painting and sculpture. Hence he concluded that images of bodies existed in the mind: no question arose respecting the brain. This is the blank tablet of ARISTOTLE; here you find the images of bodies impressing themselves on the mind as on a true waxen table. Here you find the action of ideas on the mind, substituted for the brain, and this action is compared to that of the graving-tool. Man is thus invariably compelled to seek material objects of comparison whenever he would treat of subjects which he thinks immaterial; but, in fine, what are these ideas, these images? They are the effects of the action of material bodies on the brain, another material body, through the medium of the senses. I hope to prove at another time that the ideas of psychologists are nothing else. PLATO himself took his models from this kind of action, when he pretended that ideas existed from the beginning, and that bodies were fashioned upon these patterns; his notion is derived from the models formed on a small scale by sculptors for the execution of some great work,—a conjecture which we are permitted to make, from the fact, that all our ideas depend on material existences.

But, on the other hand, as soon as philosophers became conscious of the existence of certain undefinable impulses directing their actions now towards one object, now towards another, they denominated those unknown forces *ideas*, and considered them *innate*. Hence they placed these latter on the same line as the primitive ideas which served to explain the intellectual faculties. Love, hatred, aversion, all the passions, all the tastes for one object rather than another, were thus comprised under the term "idea," and compared to the pretended images of bodies. The theory of innate ideas took its origin in this, for we find in the external world no hatred, no aversion; no taste for such or such pursuit; neither compassion, nor admiration of virtue, neither repugnance of nor tendency towards crime. The facts represented by these denominations are so many nervous phenomena which have no material existence in nature; there is no material body with which we can compare them; nevertheless they were designed under the term "idea;" the idea of murder, of love, of hatred, was received into the language of philosophers; in short every thing was *ideafied*. Here, in truth, is a wonderful mass of confusion: for the sake of formality immaterial ideas were distinguished from those derived from matter by the epithet *innate*, which we have just explained.

Gentlemen, you are now able to understand what the ancients meant by the term "ideas," under which they comprehended impressions made by external agents, instincts, tendencies, sentiments, and acts of intelligence, whose seat corresponds with the different regions of the head before pointed out to you. It is easy to comprehend how a theory of this confused nature became a subject for dispute during centuries in the schools; one sect pretended that all ideas were suggested by the senses, alluding merely to the pretended images of bodies; while another sect upheld innate ideas, to the exclusion of all others, because they comprehended only moral affections, tendencies, &c., which they had erroneously erected into ideas.

Gentlemen, if I have had the good fortune to make myself perfectly understood, you must already feel the value of phrenology when you reflect on the definition we have given of it, and compare the science in its improved state, with the superannuated theories of the schools.

The reign of ARISTOTLE prevailed for many hundreds of years, but was incessantly combated by the partisans of innate ideas, although his theory admitted tendencies, aptitudes, and passions. Amongst the philosophers who followed him, some sustained the doctrine of ideas acquired by the senses, while others taught the pre-eminence of ideas which they imagined to be innate. Thus the judgments of men are ever opposed to each other; this is a law of our nature, for the intellectual faculties and the tendencies are at once involuntary and varied. I might draw an illustration of this from what passes at the present moment before us. I have the honour of addressing myself to a crowded assembly, and hence feel convinced that the propositions just laid down are received with different degrees of favour, exciting different affections, different thoughts. Some approve the opinions I advance; others accept them with doubt or diffidence; finally, there are others by whom they are totally rejected. Gentlemen, this is the natural result of our dispositions, which do not simply depend on education, but are inherent in our organization, or, in other words, are innate. Every day you may see two children, born of the same father and the same mother, brought up under the same circumstances and in the

same manner; yet, arrived at a certain period of life, they present tendencies of a totally opposite nature, and conduct themselves in opposite manners. Why is this? Because we are born with organic dispositions which vary in different individuals, and communicate diverse impulses according to their primitive conformation. So long as tendencies and affections were confounded with ideas derived from the senses, it was impossible to avoid constant disputes; but let us follow up our sketch of the opinions entertained by the leading philosophers on the subject of ideas. The Platonists admitted no less than three souls in man; the *vegetative*, the *animal* or sensitive, and the *rational*. Bacon, a man too celebrated to be passed over in silence, distinguishes only two; the *reasonable* source of understanding, – reason, imagination, memory, appetite, volition, &c.; the *sensitive*, from which voluntary motion and sensibility emanate. Maine de Brian adopted very nearly this theory. You see how these different souls presided over our different faculties; the vegetative and sensitive over wants and instincts; the rational over sentiments and ideas. But Bacon was not content with mere metaphysical speculations; that great philosopher never ceased to insist on the necessity of observing nature, and constantly repeating experiments, instead of basing his arguments on the common notions of the day. Descartes was still more daring; disgusted with the virulence with which philosophers attacked each other in the schools, he undertook to reform philosophy herself; he commenced by doubting everything except that of personal identity, the sole reality founded on the sentiment of *self*. "I think; therefore I exist;" and he placed "I" before all ideas, all tendencies, &c., confessing, however, that there are ideas conveyed to the individual, or to *self*. Personality had been badly defined before the time of the French metaphysician; he defined it by saying, "*I* am sure that *I* am *myself*; it is *I* who think, who act." Descartes endeavoured to define ideas; his "I" distinguished, 1st. adventitious ideas, thus named because they were derived from the senses; 2nd. Compound ideas, formed by the "I" from adventitious ones; 3rd. Innate dispositions, corresponding to the sentiments already spoken of. From this sketch you see Descartes preserved an error into which the ancient philosophers before him had fallen; he gives the name of "ideas," not only to the pretended representations of external objects, but also to judgments, and, within a certain degree, to innate dispositions.

Locke derived ideas from two sources; the senses, and reflection; but what does reflection produce? Judgments, and nothing else. Here again we find an erroneous theory,—judgments placed on the same line as the representations of bodies. Gentlemen, it is easy to see how inferior this opinion is to the degree of philosophy at which we have arrived through the aid of phrenology. Locke, after all, is forced to admit instincts and volition, separated from ideas, and hence nothing else than qualities of "self." Thus you see that ideas, properly so called, have already lost much of the importance attributed to them by Plato and Aristotle. Ideas, according to the latter, were the elements of thought; he even denominated God, "the *thought* of *thought*;" in his theory everything was subordinate to thought, nourished by ideas considered as "*real beings*" representing bodies.

At the period to which Locke conducts us, we find a remarkable progress made in the study of the human understanding, since we find a distinction made of "*ideas representing bodies*," "of *innate ideas*," representing our inclinations; "of *compound ideas*," which are nothing else than judgments; and, finally, of *self* presiding over the whole. But this system gives rise to a terrible consequence. Ideas, no longer forming "real species," as Aristotle described them, but simple images of bodies, existing in the mind, and perceived by "self," which latter cannot come in contact with the external world, the very existence of this world is thrown into doubt. Scepticism soon avails itself of this pretext, and the "I," of Descartes, his sole reality, remains isolated in man, in the presence of images or ideas which it modifies in a thousand different fashions without ever arriving at certainty. Such, gentlemen, is the consequence of the theory of ideas derived from the sensations, and applied subsequently to sentiments or internal impulses. Doubt now became so strong that nothing but mysticism could overcome it. "We must believe in the existence of bodies, since God has revealed it;" a proposition which the sceptics refuted by observing, "that revelation possesses no more certainty than anything else, since it is communicated to man through the medium of prophets and apostles, who are mere bodies themselves." Kant, who has been in turns severely blamed and too highly extolled, also recognised ideas as the representatives of bodies, which, according to him, are the sole objects of human knowledge; but his attention was chiefly directed towards the instigators of our actions. He laid it down as a principle that man is placed in this life not simply to learn and enrich his mind with knowledge derived from ideas: he adds, we are impelled by something internal, which he calls eternal laws or *virtualities*. The German philosopher admits similar instigators towards justice, morality, beauty, &c., and describes them as residing in the interior of man; but in what interior? Heaven only

knows. Is it in "I?" Is it in the soul? In the understanding? In what part of our bodies do these impulses dwell? This obscure and mystic system indicates no portion of the nervous centres, no cavity or viscus, as the seat of "virtuality;" all is vague and undefined, a fault much too common in the writings of our neighbours on the other side of the Rhine. Notwithstanding this, they look up with considerable pride to productions of this kind, and treat our author in a tone of superiority and disdain which is really incredible. To believe the German metaphysicians, we are mere sensualists, incapable of comprehending any idea which is not derived from the senses, and quite incompetent to understand such internal powers or "virtualities" as are not sensorial. They seem to forget altogether that they have borrowed from our countryman DESCARTES the "I" on which their whole system of metaphysics is based. Looking down on us from the summit of their greatness they ask, "What connection is there between objects transmitted by the senses, and those admirable qualities of the inward man, sentiments of the beautiful, of justice or unjustice, of duty, of grandeur and sublimity? These are innate qualities, powers conferred on man, and appreciable only in his consciousness of them, infinitely superior to ideas, qualities of which 'I' constitues the essence. Wretched materialists, in pronouncing the word *soul*, you are totally ignorant of its value." Gentlemen, this is the language in which we are addressed by the metaphysicians of Germany, a country which, in other respects, can boast of so many men celebrated for profound knowledge of anatomy and physiology. But before we leave KANT, let us direct your attention to the progress made in acknowledging that man is not simply made to perceive, that he does merely act in consequence of the ideas conveyed to his mind, but is conscious of certain internal powers which communicate various impulses. We find in this avowal one of these land-marks which indicate the progress of philosophy towards the elevated point in which phrenology has now established it.

The brilliant reputation acquired in latter times by the school of Edinburgh, is due to the labours of several eminent men, whose works are much superior to anything which previously existed in the science of metaphysics. Amongst the writers who have endeavoured to throw light on the various questions relative to the human understanding, HUTCHINSON, REID, and DUGALD STEWART, are familiar to us, through precious translations of complete works, or different fragments judiciously chosen by M. THOMAS JAUFFRAY. A spirit of impartiality compels us to remark, that the works of the authors now mentioned are entirely free from the insulting language dictated by the pride of the German metaphysicians. The Scotch writers, and REID in particular, endeavour to found their system of philosophy on common sense; they say, "Why lose ourselves in obscure and incomprehensible abstractions, whenever the moral man is the subject of inquiry? What connection can exist between the images of bodies and *love, hatred*, the sentiments of what is *beautiful, grand, sublime*; of *justice* or *virtue*; of *veneration* or *admiration?* &c. These words exist in all languages, and are adopted by all nations; they therefore represent emotions, impulses, or notions, universally felt and admitted. But the origin of the phenomena which these terms designate, is not sufficiently explained; this is done by admitting them as primitive phenomena, as spontaneous impulses, which carry conviction along with them, and render doubt impossible. We find the proof of this (says the Scotch writer) in the universal belief of nations who understand these terms in the same sense." Remark, however, that the Scotch philosophers assigned no particular organs to the phenomena under consideration, but they pass in review the suggestions which are natural to man, and distinguish and denote nearly all the instinctive phenomena that GALL has localized in the brain, under the name of wants and sentiments, and which in reality inspire us with a profound conviction of their existence, for the sceptics were led to doubt and negative an external world, merely by placing those sentiments on the same level as ideas derived from the senses; for it is clear, that unless they believed in external bodies, their existence would not long have survived their doubts.

During the impulse thus given to the science of metaphysics by the Scottish writers, the greater number of the French philosophers remained confined in the circle of ideas which they had adopted for many years, admitting only a two-fold division of the intellectual faculties: viz. *understanding* for all that concerns the intelligence, and *volition* for our actions; but the voice of criticism was soon raised up against the confusion resulting from this imperfect distinction. "The understanding," it was objected, "cannot explain all the acts of our intelligence. Volition admits various impelling forces; they are not all produced by the ideas introduced through the senses. A great number of phenomena of the highest interest depend on causes for which you search in vain in your ideas."

The result of these successive efforts to comprehend and determine the human intelligence, was to distinguish *sensations, wants, instincts, sentiments*, and intellectual *faculties*, phenomena of which motion is the common consequence.

Having thus drawn a hasty sketch of the faculties which characterize the intelligence

of man, it remains to take a view of the animal creation, and examine whether the same faculties exist in lower classes, or are peculiar to the human race,—to seek in comparative physiology some assistance in our study of the cerebral functions in man; and, finally, to examine whether this method may not be productive of the same advantages which it confers on the anatomist. This part of my task is at once important and necessary. We shall take it up in the next lecture.

ON THE

PECULIARITY OF STRUCTURE IN THE COCCYGEAL,

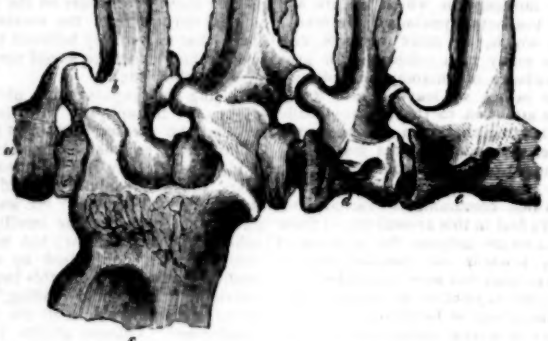
OR

FIRST CAUDAL VERTEBRA OF THE ADULT GAVIAL.

By GIDEON MANTELL, *LL.D., F.R.S., &c., Brighton.*

THE recent discovery of some highly interesting fossil crocodilian remains in a quarry at Swanage, having rendered it necessary for me to examine the osteology of the recent *gavial* somewhat minutely, my distinguished friend Dr. Grant, with his accustomed kindness, submitted to my inspection a very fine skeleton in his admirable collection of comparative anatomy in the London University. As the admeasurements of various parts of the skeleton taken for my own guidance, may be of great utility to those British palæontologists, who like me are situated at a distance from any museum of comparative anatomy, they would not be incompatible with the object of a periodical which has done so much to elevate the medical practitioner above the rank of a mere trader in drugs.

For the present, however, I confine myself to the description of some peculiar characters of the coccygeal or first caudal vertebra in the adult gavial, namely, that it is *convex* both *anteriorly* and *posteriorly*, resembling in these respects the last cervical of the tortoises and turtles. In a very young gavial, in Dr. Grant's collection, the sacro-coccygeal surfaces are as flat as in the vertebræ of quadrupeds; while in the crocodile and alligator of the same early period the coccygeal vertebra is convex anteriorly, as in the adult gavial. In the annexed sketch (reduced from a drawing of the natural size by M. Scharf) this remarkable character is well shown.



Sacral and first Caudal Vertebræ of an Adult Gavial, in the Collection of Comparative Anatomy of Dr. Grant, in the University of London.

a, Sacral termination of the last lumbar vertebra: this is convex, and is received in the deep cavity of the atlantal or anterior termination of the first sacral.

b, *c*, The two sacral vertebræ, which are anchylosed to each other: the caudal termination of *c*, unlike all the other vertebræ, is deeply cupped, to receive the ball or convexity of the next vertebra.

d, The coccygeal or first caudal: this is convex (and very decidedly so) both anteriorly and posteriorly; the atlantal extremity being received by the last sacral, and the distal by the next caudal *e*.

f, Sacro-iliac junction of the left os innominatum.

I am not aware that this peculiar conformation of the first caudal vertebra in the adult gavial, as well as in the crocodile and

alligator, has been previously noticed. The importance of a knowledge of this fact to the comparative anatomist in his inquiries into the osteological characters of the fossil saurians, is too obvious to require remark. A fossil caudal vertebra from Tilgate Forest, having both extremities convex, would, I must confess, have been very perplexing, previously to my examination of the skeleton of the adult gavial of Dr. Grant.

Brighton, Old Steyne,
June, 1836.

ON LITHOTRITY,

IN REPLY TO THE

OBJECTIONS OF SIR CHARLES BELL.

By M. Civiale, *Paris.*

(Communicated by the Author)

The opinions of a man endowed with talent, and occupying an elevated rank, must necessarily exercise a certain degree of influence, even when they are merely speculative, and without any solid foundation. Hence the doctrine lately promulgated by Sir Charles Bell deserves examination in several points of view.

This is not the first time that works published in England, on the art of destroying vesical calculi, have contained remarkable errors, which I should not take on me to refute on this occasion, if I thought them derived from motives of personal interest, rather than from a desire of discussing the propriety of an operation incontestably useful. Silence and contempt are the only answers that a man who respects himself should make to those who misrepresent him. But, in the present case, the question presents itself under a different aspect, for we can see nothing but a question of science in the observations lately made on lithotrity by one of the first surgeons in England, and I undertake its defence with the greater readiness, that Sir C. Bell's remarks can neither alter the high esteem which his character inspires, nor the admiration in which we hold the important services which he has rendered to the science of medicine. I therefore hope he will accept the following reflections with a spirit of indulgence and good will.

No one can deny the justice of Sir C. Bell's leading observations, that the stone is a cause of constant torture; that the dangers of lithotomy add to the anxiety which occupies not only the patient, but his medical attendant; our imperfect means of diagnosis increase the inquietude which exists, that the operation itself exercises a profound moral influenc on the patient and his attendants, &c. These are points on which all are agreed; nor is it likely that any one will contest the necessity of extensive anatomical knowledge, and a practised hand, in the surgeon who undertakes the delicate operation of lithotomy. As to the precautions we should take during the extraction of the stone, and the ridicule of men who estimate the merit of an operator by the number of seconds he employs in his operation, all practitioners are unanimous upon this point except those who merely look on an operation as a means of showing off before the public; and I am happy in finding that the opinions promulgated in my fourth letter on lithotrity are perfectly in concordance with those of Sir C. Bell. However, we must not confound the cautious measures which are indispensable in every important surgical operation, with the slowness of proceeding induced by unforeseen or inevitable obstacles. These latter should always be taken into account whenever we would estimate the value of any particular method, and when they present themselves the surgeon *may count the minutes on his watch*, without the risk of passing for an *uneducated* man; for moments are long when the patient is under the operator's knife. But there is one point upon which I would wish to address some remarks to the honourable surgeon of the Middlesex Hospital, viz. the reasons why we have so often occasion to meet with large calculi, with a great number of stones at the same time, and organic lesions of more or less importance. It is unfortunately too true that most persons who suspect an idea of vesical calculi, avoid as long as possible submitting to the only means of establishing the true cause of their sufferings; for the idea which is most terrible, is that of seeing their suppositions converted into certainties; but this terror does not depend on the disease, it is engendered by the idea of submitting to the operation of lithotomy, the only resource our art possessed until a few years ago. An individual affected with stone sees nothing, on one side, but frightful sufferings which death alone can terminate, or, on the other, an operation still more terrible, which paralyzes his courage; can we then be surprised at the hesitation he manifests,—an hesitation countenanced by the advice of the best surgeons, who, properly enough, avoid operating before things have come to an extremity? Sir C. Bell seems to have caught a glimpse of the moral influence that must be exercised by a method of cure less dangerous than cystotomy, and infinitely less frightful to the patient; already our assistance is called for at a much earlier stage of the disease; and the good effects will be still more evident as soon as ever medical men, yielding to the voice of duty and humanity, shall cease to throw doubts on the advantages of the new

method; when all party-spirit shall be thrown aside, and the facts of the question examined without prejudice or partiality. While speaking of the destruction of calculi in the bladder, Sir C. Bell makes some remarks on the sensibility which certain tissues possess in a state of disease, and which, overlooked at the moment of examination, is soon more fully developed, and produces the most unfortunate accidents. This opinion is founded on the local pain and general disturbance sometimes produced by merely introducing the finger into the rectum to explore the prostate gland, or on passing a catheter or bougie into the urethra; but let us observe in the first place that the local pain, febrile movement, and nervous accidents just alluded to, are exceptional phenomena, and depend on constitutional predispositions with which we are unacquainted; we are far from observing them in all the patients we sound. In the second place, that experience shows they usually disappear after the first few attempts have been made; and the repeated introduction of instruments, instead of irritating the urinary organs, diminishes, on the contrary, their sensibility to such a degree, that after a certain number of trials, we observe no further trace of local pain or constitutional disturbance.

These truths, as far as regards the urethra and neck of the bladder, have been fully confirmed by lithotrity; but we have established a still more important point, which was entirely unknown before—viz. that the bladder does not form an exception to the rule. This is a fact to be added to the list of those which prove that experiment does not always confirm the speculations of the theorist.

Judging by the appreciation which Sir C. Bell makes of morbid sensibility, and the consequences resulting from certain lithotritical operations, he seems to me to have fallen into error, in consequence of having neglected an observation which I made long ago—viz. that in certain methods of breaking calculi (particularly in the one he adopts), the parietes of the bladder are rubbed and injured by the manœuvre, unless the necessary precautions are strictly observed. These lesions, though slight in the first instance, may have grave consequences, as I proved on another occasion, at the same time pointing out the means of avoiding them. But Sir C. Bell is too well informed, and too honest a man, to attribute the accidents which occur during any operation to the method itself, when they really depend either on the modification of the method employed, or on certain faults committed during its execution. Besides, if the latent sensibility of the prostate, the vesical neck, and the parietes of the bladder, exercises the influence attributed to it by Sir C. Bell in the operation of lithotricy, what effect must it have in lithotomy, especially in the lateral operation, which is almost the only one employed in England? In the latter case we have something more than the simple contact or friction of a blunt instrument against the walls of the urethra and bladder; we have deep incisions; distention, forcible passage of the instrument, often lacerations, &c.; these accidents occur even in the simplest cases, and their gravity must be infinitely increased when the volume of the stone is considerable. Were the opinion of Sir C. Bell founded in truth, not a single patient could survive disorders of so extensive a nature; but fortunately this is not the case, and experience teaches the operative surgeon that he may act on the neck of the bladder, even with a certain degree of violence, without running the risk of producing any very dangerous accidents.

Sir C. Bell insists a great deal on the sensations produced by lithotrity, and more particularly on the pain which supervenes after the operation, for he confesses the patient suffers little during its execution; but Mr. Bell has unfortunately fallen into the error of judging a question of practice on a small number of facts. Certain patients placed in unfavourable circumstances, which I have described in another place, suffer, it is true, some pain after the operation of lithotrity, but these are exceptional cases. In the great majority of cases, on the contrary, the patient's sufferings diminish from the day the operation is commenced. This is a fact established beyond the possibility of doubt; thus the imaginary increase of pain at each sitting, and the dangers which in Sir C. Bell's mind render the operation always formidable and often mortal, properly speaking have no existence. The direction of the urethra, and the passage of a straight instrument through that canal have given rise to so much controversy and research, that we did not expect to see these questions reproduced: however, Mr. Bell returns to the charge upon this point, and repeats arguments that have been refuted a hundred times. We are the more surprised at this from a surgeon whose extensive practice and profound knowledge of anatomy should have enabled him to estimate them at their just value—the tacit convention of anatomists as to the direction of the urethra, the reasons for giving the catheter its peculiar curve, and the facility with which we can reduce this canal to a straight line. Daily experience proves that a straight instrument will pass the urethra without causing pain or danger; on what, then, does Sir C. Bell found the opinion that straight instruments are calculated to injure the urethra and neck of the bladder, and cannot be employed without danger? He has neglected informing us. How often is it necessary to repeat that with a straight in-

strument we do nothing more than what is done every day with a curved one, only the manner is somewhat different? In both cases the urethra is brought into a straight line. Thus when a common sound has been passed into the bladder the whole of the curved part is situated in the cavity of that organ, while the portion occupying the urethra is straight: the curved instruments employed in breaking calculi act in the same way: once introduced into the bladder they act on the urethra like a straight sound; the only difference consists in the manner of introducing them; this difference constitutes a method subject to precise rules, which I have fully explained and which have received the sanction of long experience. I confess myself unable to comprehend the difficulties which some practitioners meet in the use of straight instruments, or the inconveniences they reproach them with, since in the end they act on the urethra precisely as the curved catheter, which no one thinks of criticising. It is a duty peculiarly incumbent on men who have attained a high rank in the profession not to adopt or reject any principle without due consideration, and to leave the reproach of being influenced by frivolous motives to the vulgar. The inductions which Sir C. Bell draws from the preliminary considerations contained in his paper, and certain comparisons, prove that in treating directly the question of lithotrity, he yields too readily to those prejudices against which every discovery has to struggle; hence it is to be regretted he has not treated this method in all its various applications, nor examined the different modifications of which it is susceptible; that he has reproached the operation with inconveniences from which it is really free; and, finally, that his judgment should be founded either on exceptional cases and accidents having no direct connection with lithotrity, or on suppositions entirely gratuitous. I have already described in several memoirs the different processes by which a calculus is successively seized, crushed, ground to pieces, expelled or extracted, and experience has confirmed precepts which no one now thinks of contesting. However, Mr. Bell informs us that the instrument cannot always be withdrawn from the bladder; that its branches are liable to bend or even break, and, finally, that several persons have already fallen victims to accidents of this latter kind. He details one case in which the instrument was so completely bent, that the operator was unable to withdraw it; cystotomy thus became necessary, but the patient sank under this second operation; he also adds that fragments of stone are frequently left in the bladder, becoming the nidus of new calculous formations, and, finally, that portions of the stone becoming engaged in the branches of the forceps, sometimes render its removal both difficult and painful. In England as well as in every other country, the infancy of lithotrity has probably been marked by the occurrence of some unfortunate accidents, and I am far from wishing to throw any doubt on the facts adduced by Sir Charles Bell; it is clear that bad instruments are from time to time manufactured; that the surgeons who employ them are not all equally expert; perhaps we might even allow, that the necessary precautions were not always observed, and probably the new method has been applied to several cases quite unsuited to such an operation. These different circumstances explain the accidents almost inseparable from the execution of any new and difficult surgical operation; but we may reasonably ask, What does all this prove against lithotrity?

The first reflection we are struck with is, that Sir Charles Bell embraces under the same anathema, all the different instruments proposed for the destruction of calculi in the bladder, instruments whose action and mechanism are so various and distinct. It is while speaking of straight instruments, that he cites the unfortunate accident just alluded to; yet that accident happened with a curved one. But the fact, which is now an old one, simply proves that the instrument and method employed by the operator at the commencement of his practice in London, were not free from fault; these faults have been since corrected, and the most hardy unbeliever may now convince himself at any time of the advantages presented by the percussor, since the important modifications which it has undergone. In its present shape, this instrument has considerably enlarged the sphere of lithotrity; it facilitates the treatment, and abridges its duration. Besides, Sir C. Bell himself prefers the percussor, which is the instrument he preferred using in the trials made by him, and which he recommends in certain cases. How are we to reconcile this favourable notice with the inconveniences and dangers he attributes in general to the instruments now in use, and which, to use Sir Charles Bell's own words, are only *fit to uncork bottles?*

Mr. Bell declares that a single operation is not sufficient for the patient's cure. This assertion, thus laid down as an absolute rule, is note quite exact. Every surgeon knows that the duration of the treatment in a case of lithotrity, depends on the volume of the calculi, their number, and the state of the different organs; now, whenever the patient presents himself under favourable conditions, as, for example, at an early period of the disease, he may be cured in five minutes at the utmost. Of 300 cases, this moderate time has sufficed in 50, and in all these I employed the three-branched instrument, which so many surgeons, especially in England, consider defective.

In describing the operation of lithotrity as practised by percussion or crushing, and comparing this method with cystotomy, the surgeon of the Middlesex Hospital has fallen into several grave errors, both with respect to the manual part of the operation and its effects. It would require too much space to refute them in detail, I shall therefore content myself with a general notice. In the parallel which I have just published between lithotomy and lithotrity, may be found the most convincing proofs that Sir Charles Bell has been led into error, partly by certain disappointed intellects, who do not hesitate to alter facts to suit their own purposes, and partly by an illogical interpretation of the small number of cases which he himself has had an opportunity of witnessing. The new facts which extensive practice in a large hospital cannot fail to present him with, will, I have no doubt, suffice to change his opinion on a method of treatment which, in my hands, has already led to the cure of more than 300 individuals, amongst whom I may enumerate twenty-two medical men, with the distinguished names of Dubois, Edholm, Lisfranc, &c. As to the doubts which certain persons have endeavoured to throw on the results of my practice, and which may, for a time, have suspended public opinion in countries removed from France, I possessed an irrefragable means of dissipating them by invoking an unreserved publicity. I therefore published the name of each patient, and the circumstances attending each operation; the documents have been deposited for many years at the institute, where they may be consulted. It is true certain persons thought they had discovered in those documents proofs contradictory of my assertions, but a more exact analysis has demonstrated the error into which they have fallen. As to the arguments drawn from some vague expressions found in a Report made to the Academy of Sciences, and from some errors which had crept into another Report, addressed to the same learned body, it is sufficient to mention that the very commissioners on whose expressions certain persons thought themselves justified in saying I had lost one patient in four, declared in 1835 that out of 244 patients operated on by me up to the year 1833, 236 were cured and 5 died, while three continued to suffer from the original malady. Surgeons who have not been placed in a position, like the members of the Academy of Sciences, to discover these alterations of facts, must have experienced some difficulty in refusing to believe assertions presented to them with all the appearance of good faith and sincerity; perhaps it was under the inspiration of similar feelings that my honourable confrere of the Middlesex Hospital conceived his very unjust access of anger against the art of destroying calculi in the bladder. The whole publication of Sir C. Bell, however, is not quite so serious as the points to which I have already alluded; as we advance we find Mr. Bell indulging in certain comic sallies of which the following is an example. A French surgeon established in London, refused 100 guineas from a patient whom he had operated on for the stone, and demanded 400. A short time afterwards the patient having experienced fresh pain, addressed himself to Sir C. Bell, who discovered the presence of a calculus and received a guinea for so doing. The author having thus indirectly acquainted us with the price of his visits, expresses his astonishment at the difference between this latter sum, and that thrown into the *enormous throat of the Parisian Cormorant*. Assuredly the surgeon to whom Sir C. Bell alludes has every right to estimate his operations as he may think fit: but how can any reasonable mind find in this circumstance a reproach against lithotrity? In mentioning this fact, Mr. Bell adds, the French operator had left some fragments in the bladder, which served as so many nuclei for new calculous formations. I shall not now discuss this point with the author, but cannot again forbear repeating that both the instrument and method employed by the surgeon alluded to are insufficient to remove all fragments completely from the bladder, and that consequently the reproach should be addressed, not to lithotrity in general, but to a process which has been extolled far beyond its merits.

Paris, June, 1836.

ON THE

USE OF TURPENTINE IN IRITIS.

By HUGH CARMICHAEL, *Esq., Dublin.*

To the Editor of THE LANCET.

SIR: In THE LANCET for the 4th of June, I was much surprised to observe, that at a meeting of the *Medico-Botanical Society of London*, which took place on the 25th of May, it was stated by Dr. Stoker, of Dublin, on the reading of Dr. Foote's paper upon the efficacy of turpentine in iritis, that the use of that medicine had been now abandoned by me in the above disease, in consequence of its inconvenient effects upon the bowels and urinary organs.

I am quite at a loss to understand how Dr. Stoker could have been led into this mistake, or imagine such to be my present views respecting it, and beg to state, that the one I have already expressed upon it, is not only unaltered, but is the more confirmed the more my opportunities of trying it are increased; and I believe I may now safely assert, that the correctness of

such an opinion is fully borne out by the testimony of almost all the profession upon the subject.

There are cases of iritis occasionally to be met with, as I have elsewhere remarked, which resist the generally controlling powers of turpentine; and in some of these, where I have seen it urged to a very considerable extent, with a view to ascertain if, under such a mode of administering it, the disease would ultimately yield, the constitution appeared to me to have suffered much; in fact it would seem that turpentine, when so used, would be productive of very deleterious effects upon the system, whence I have been led to think, that as these are peculiarities of constitution, some limit should be put on the extent of administering it, and that where the disease has resisted it after a certain trial, it should not be further persisted in.

This opinion I have expressed to some individuals, and among others, probably to my friend Dr. Stoker; but with respect to its use, in the generality of cases, I never had but the one, namely, that of its being, when judiciously given, a safe and efficacious remedy, and which must be considered as adding very much to our means of controlling the disease, and he certainly mistook me much if he imagined I meant otherwise. Indeed were I now to endeavour to decry it as a remedy in iritis, I am inclined to think I should have no small difficulty to encounter.

I am induced, however, to suppose that there must have been some inaccuracy in the mode in which the observations of Dr. S. were reported on the evening alluded to.

He is stated among other things to have said that he witnessed some of Mr. Carmichael's experiments; but as I never had the pleasure of treating a case of iritis in conjunction with him, I imagine he must here have meant Mr. Richard Carmichael of this city, the author of the well-known essay on Syphilitic Diseases; yet from the manner in which this part of his remarks is reported, they would apply to the person who first submitted this power of turpentine over iritis to the profession, and consequently to me instead of that gentleman. However this may be, I beg to state, that my opinion of the utility of turpentine in iritis is quite unaltered, and that I consider its powers such as entitle it to a very considerable share of use in the treatment generally; and that it is the only means we possess of combating iritis, and, consequently, of preserving vision, in those instances where mercury from previous extensive use or otherwise may be inadmissible, or those in which its employment is incapable of arresting the disease.

I beg leave to take this opportunity of observing "that I have always looked upon it as entitled to a very considerable share of use in the treatment of the disease generally," because it has been stated that I have recommended it in cases *only* where mercury was inadmissible; that I have not however limited its employment to such instances, requires in my mind a perusal of my observations on the subject, with but a very moderate degree of attention indeed, and in proof of its utility in others besides these, allow me shortly to submit the following case:—

A gentleman whose profession and avocations would render a course of mercury the greatest possible inconvenience, because the subject of an iritis of that low character that is sometimes to be met with as one of the sequelæ of syphilis, was accordingly put on the use of turpentine in drachm doses three times a day; in twenty-four hours a decided amendment was evident, and in four days he was well: the cure was effected without any interruption to his usual occupation, there was no strangury nor any other inconvenience. It would be superfluous to comment on this case as an illustration of the propriety of employing turpentine in others than those alluded to; I think it right however to say, that I should fear it might be received with incredulity, were I not satisfied that similar instances of its powers in certain cases, must by this time be known to every person much engaged in the treatment of ophthalmic disease, unless indeed we can conceive an unwillingness to innovation in practice, which, with some, might, and it would seem had led them to decline altogether a trial of it, probably in the hope that by discountenancing it they might blot it out entirely.

While on the subject, allow me to remark that I cannot coincide in the opinion of its *modus operandi* being referable to counter-irritation, or that its beneficial effects are to be attributed to irritation induced in the alimentary canal and urinary passages, a theory I have seen on more occasions than one put forward in the different journals—at least I consider we are not by any means in possession of sufficient data as yet to justify this conclusion.

That turpentine does generally induce these symptoms, when administered in sufficient doses to cure iritis, must be admitted. But I think it is assuming too much at once to say, that such, therefore, is the mode by which the cure is effected. I know it is stated that, in those cases which are found amenable to its influence, strangury and irritation of the bowels are to be met with, and that the cases which resist it are those in which the above symptoms cannot be produced; to this however I cannot assent, for I certainly, in many instances, have witnessed its sanative powers, without any inconvenience whatever of this description arising to the patient. The cases, as far as my observations go, in which its influence

is manifested in the most favourable and expeditious manner, are those which occur in broken-down constitutions, or of the low syphilitic character; for example that just related, and it is rarely the inconveniences we are speaking of are present in them. Moreover, if the fact be that it is by producing counter-irritation in this manner that turpentine effects the cure, how completely at variance with correct views is it to adopt measures for their removal when they do appear (camphor mixture and flaxseed tea)! Yet such are then had recourse to, and I must admit that I have on my part been so injudicious as to recommend them, and still employ them.

But, further, are we to understand that turpentine cures iritis by the counter-irritation here described, and not by virtue of some specific quality in it, the nature of which we probably have not yet arrived at? If so, should not any medicine capable of inducing these symptoms exercise a similar control over the disease; and might we not, therefore, expect cantharides to be successful—at least capable of producing some benefit, inasmuch as it rarely, if ever, fails of inducing strangury and bowel irritation, when used internally to a certain extent? Yet I should be disposed to hazard the opinion, that with the exception of the occasional advantage to be derived from it in the shape of blister, no benefit whatever is likely to result from its use in iritis.

It is, I perceive, generally considered by those who have spoken of my views of this subject, that I have endeavoured to explain them on the supposition that it is by exciting the absorbents that turpentine acts; with regard to this, however, I have been misunderstood. I do not think I have given any opinion on it; at least, I did not intend to do so, and it would seem as if conclusions which I attempted to draw from a fact that I considered I had established, have been mistaken for an explanation of the manner in which that fact was produced.

That turpentine cures iritis, no matter from what stock of morbid causes it may proceed, I believe I may now safely assume as an admitted point. If we contemplate the disease in certain of its stages, and these quite amenable to that medicine, we shall find it a specimen of the adhesive inflammation, with globules of lymph, the result of that inflammation, effused on the tissues of the organ affected. In such cases turpentine not only arrests this inflammation, but dissipates its morbid effects, among others causing the disappearance of these globules of lymph. My intention, then, in the third section of my treatise on the subject, simply was, from these facts to infer—first, that turpentine must be considered an antidote to the adhesive inflammation; and next, reasoning upon the same grounds as others have done, in consequence of the disappearance of these globules under its influence, I claimed for it the powers ceded to mercury for the same reason, and that was, that we must regard it as a medicine whose capability of exciting the absorbents was by this fully established; but I did not intend by this to imply that the question as to how it operated in curing the disease was thus solved. Indeed, were anything on that score to be deduced from my reasoning on the subject, I think it might rather refer to the question I likewise put, as to whether the species of iritis met with after syphilis, and in company with what are admitted to be its constitutional symptoms, participated with these symptoms or not, and if so, how this must affect the character of turpentine in a therapeutic point of view. I have the honour to be, Sir, your obedient servant,

HUGH CARMICHAEL.

18, Hume-street, Dublin,
June 16, 1836.

IMMENSE TUMOUR
OF THE
HIP AND THIGH.

To the Editor of THE LANCET.

SIR: I have waited with some anxiety for several weeks, under the hope and expectation that the case I am about to record may have found its way into some of our medical journals, drawn up by those who may have watched the progress of the disease, and aided by those who are in the habit of defining and explaining those pathological niceties, which nothing short of the constant habit of such morbid dissections can possibly supply. This opportunity, I understand, has been afforded by the death of the patient, being the tumour sent up to London, but where and to whom I have yet to learn. The object, therefore, of this communication is not only to make known the case itself to the profession, but also to draw forth such pathological remarks as the dissection of the morbid parts has afforded to the practical anatomist in whose possession the tumour is, and which it may, and certainly can afford.

The case has been very briefly noticed in Dr. Johnson's *Medico-Chirurgical Review* for July 1st, 1835, No. 145, under the head of "Intelligence, Correspondence, &c.," where the following account is given of this singular mass of disease:—"We have received drawings of a most extraordinary case, of which but a very inadequate idea can be conveyed in words."

The patient is a woman, thirty-one years of age, of a scrofulous diathesis, her health

not so much impaired as might be expected from the immense size of the tumour, and long confinement. She first perceived it when eleven years old; it very gradually increased, until she arrived at her twenty-sixth year; in which year she had an illegitimate child; she menstruated three times afterwards, the last being in August 1830. After that period its growth was much more rapid, in 1832 the weight being so great that she could not be moved without great difficulty and pain; she therefore took to her bed, and has not been able to leave it since. She informs me that she finds it larger every month, and that the increase has been greater the last three years than the whole former period. The circumference of the tumour, anteriorly, is sixty-two inches, longitude thirty-six inches, posterior view in circumference seventy-six inches.

Its origin is from the left hip and thigh, indeed it and the leg are completely enveloped in the mass, to within three inches of the ankle. The spine is much distorted, but was not so until the tumour was of considerable magnitude; it is sensitive in every part; the heat is greater than in any other part of the body. Such is the account given of it by Mr. Groome, a respectable young surgeon of Whitchurch, Shropshire, under whose management the patient was, as a pauper belonging to that parish, although she lived five or six miles from that town, where he resides. I can with truth confirm the accuracy of Mr. Groome's statement, although there are some changes in both the tumour and the general health of the patient, which may not be uninteresting to your readers to be acquainted with, and which I noted down after my return from the patient, as follows:—

On Sunday, April 19, 1836, I was accompanied by my friend, Mr. Berteirson, of Wem, Shropshire, in consequence of the representation of the nature of the case by him, and also Messrs. Gwynnes, sen. and jun., all surgeons of that town, and who all urged me not to lose the opportunity of visiting the patient, although the distance was three or four miles, and which I gladly embraced. Sarah Gregory, aged thirty-two, we found lying upon the left side, much emaciated, with her body (which was of small stature), from the short ribs down to the right thigh and leg, resting upon the surface of an immense large fleshy substance, so large and thick, that it looked more like a mattress, or small bed, than a part of her body. The tumour now extends from the inferior false ribs of the *right* side, across the lumbar region, envelops the whole of the *left* thigh, and almost all of the *left* leg, the foot and the ankle of which are only visible; the external condyle of the *left* knee is felt when the hand is pressed under it, in doing which she felt much pain and uneasiness. She lies in a doubled position, and I should think from the appearance that the tumour would weigh much more than her body. Its colour is rather of a leaden hue, as compared with her delicate skin and complexion, and she says it has existed for twenty-three years, and that *six* years ago she walked about with great freedom and activity, about which time she bore a child which did not long survive, and for the last *three* years she has been wholly confined to her bed.

The size of the tumour has evidently, during the last year, and is still, increasing, being anteriorly in circumference *five* feet *eleven* inches, or 69 inches and a half; its length from before the umbilicus to below the nates, *two* feet *nine* inches, or thirty-three inches; its breadth is *two* feet, or twenty-four inches; its depth or thickness about *five* inches. I regret we could not measure the posterior part, on account of the difficulty in turning her in bed, and the pain she suffered from the least disturbance of her position, rendered the attempt more cruel than called for; although it must be more now than when Mr. Groom measured it; it was then six feet four inches; so that comparing the increase of the anterior view of it, which advanced from 62 to 69½ inches in one year, the posterior part cannot be less in circumference than *seven* feet, a size almost incredible, but no less true on that account. Her general health is evidently giving way, for, independent of her being emaciated, and rather a small woman when in the vigour of health, she is now become evidently hectic, with a cough, and a flushed spot upon her cheeks. Although the pulse at our visit was only 72, and feeble; tongue clean, skin not heated, she had, notwithstanding, thirst, and morning sweats, with loss of appetite, which, no doubt, as well as the tumour, will now rapidly increase, and soon terminate her sufferings. I forbear to make any attempt to define the exact nature of the tumour, although this statement of facts must necessarily be imperfect without the pathological remarks afforded by the post-mortem examination of the tumour itself. I was promised a sight of the drawing by Mr. Groome since my visit to the patient, and why I have not received it, I am quite sure is owing to circumstances not under his control. I have accidentally heard that the patient died about the 5th or 6th of May, 1836.

There immediately occurs to the reader of this communication the well-known case of Hoo-Loo, recorded in the 20th volume of THE LANCET, page 86, and the lamentable result of the removal of it, by Mr. Key of Guy's Hospital, and the character of that tumour was said to be *steatomatous*. Also the successful operation on a tumour of still greater weight than that of Hoo-Loo, by

that distinguished surgeon Clot-Bey, an account of which is also given in the same volume of THE LANCET, page 823, together with a further promise of the remarks of M. Clot upon his remarkable case. In the case which I have related, it will naturally be asked, why the removal of the tumour was not suggested. To this I can only say, that at the time I saw the patient, such an attempt was out of the question; but I must say, that it is to be deeply lamented that the opportunity had not been embraced by a skilful surgeon during the early stages of the disease, which I am inclined to think would have been attended by the same happy result as in that of the unfortunate Arab, last alluded to in the pages of your journal. I am, Sir, your obedient servant,

THOMAS JEFFREYS, M.D.

Liverpool, June 7, 1836.

ABSENCE OF THE EYES.

To the Editor of THE LANCET.

SIR: Your correspondent, Mr. Davey, of Portsea, is somewhat in error regarding his case of absence of the eyes as being without a parallel. If he will refer to your journal, vol. 2nd for 1831-2, he will find an account of *two* cases of the same description which were recorded by me, as having been brought under my notice, and which I also regarded at the time as unique in the history of malformations. I have certainly not met with anything similar in our British standard works on the eye.

I may take the opportunity of stating that one of those children died shortly after the date of my first communicaton, and that a post-mortem examination discovered that the optic nerves did not form any junction, were very much smaller than usual, and terminated at the entrance of the optic foramina. No other deviation from the normal condition of the brain and nerves was noticed.

Perhaps this statement may render my former communication more complete, and be somewhat interesting at this particular period.

The following quotation, extracted from the *Zeitschrift fur Physiologie*, and translated in the Medical and Physical Journal, Vol. 1, 1826, proves that these cases, although exceedingly rare, are not unparalleled:—

"M. Tiedemann saw a dog without eyes, the orbits being filled with cellular membrane. On examining the brain, two very soft threads were found in the place of the optic nerves; they arose from the optic thalami, and from the tubercula quadrigemina; they made a turn round the peduncules of the brain, and terminated, without uniting, in front of the pituitary gland. The other nerves of the eye were entirely wanting. Similar cases are recorded by Malacarne, Osiander, Lobstein, and others." We are further informed that M. Tiedemann concludes, from what he has observed in this and other cases of malformation, "that the nerves do not exist when the organs are not developed; and likewise that the development of the bones is in direct relation to that of the organs they are intended to enclose." Upon this I may remark that, if such were the case, there would have been no optic nerves, and no orbits in all these cases, which is quite contrary to the facts. I am, Sir, your very obedient servant,

JOHN WALKER,
Lecturer on the Eye in the Manchester School of Anatomy and Medicine, Marsden-street, and Assistant Surgeon to the Eye Institution.

Manchester, June 14th, 1836.

SUDDEN DEATH FROM

SPASM OF THE HEART.

To the Editor of THE LANCET.

SIR: I forward the following case for the favour of insertion in your excellent journal. I am, Sir, your obedient servant,

B. H. CLARE.

Newcastle-on-Tyne, May 27, 1836.

J. Thompson, æt. 40, a cartman, of regular and steady habits, but always in a filthy state and badly fed, went to his work at 6 o'clock, March 29th, 1836, as usual. He was then attacked with a most excruciating pain in the head, urgent desire to go to stool, and passed a quantity of water, attended with a sensation as if the whole contents of his bowels had been evacuated. Vomiting once only. He was brought home at 10 o'clock, when medical aid was immediately procured. He had had no diarrhœa, nor any previous head affection, until attacked this morning. He was ordered the following medicines. To take an emetic of warm water, followed by

R. *Calomel* gr. ij, *Opii* gr. ¼, *Conf. Arom.* q. s. pil. om. hora.

Half-past two o'clock. Purging ceased for the last hour; no vomiting; no cramps have as yet been felt in the limbs; complains of agonizing pain in the head; surface of the body cold; pulse has ceased at the wrist; tongue and breath cold; hands, feet, and nose, rather blue; eyes sunk in the sockets, surrounded with a dark areola; cornea dull and glassy; deafness; features much altered since the morning; looks much older; has passed no urine for the

last twenty-four hours; sensorium quite clear; a blanket, wrung out of hot water, was wrapped round the body; vomiting excited by mustard emetic, without producing any return of the pulse or warmth of extremities; two or three ounces of blood with great difficulty were taken from the arm; it was of a dark and thick consistence, and upon standing exhibited a very small proportion of serum. Cont. pil. *Mist. Camph.* ℥vj, *Tr. Lav. Co.* ʒij. *Sp. Ammon.* ʒij. M. Capt. coch. iij om. hora.

Half-past three. The pain suddenly left his head; at the same instant he was seized with violent cramps of the legs and back. Mustard blister to his abdomen and back, also to the soles of the feet. To take *Calomel* gr. xvj, followed by small doses of calomel and opium every hour, and capt. mist.

Four o'clock. Cramps having entirely ceased, the pain returned to his head; no delirium; in other respects much the same; warmth to be continued to his feet and body. Cont. med.

Five o'clock. The cramps and pain of head alternate with each other; the respirations are becoming laborious; voice nearly gone; the attempts to speak are seemingly painful; no recurrence of vomiting or purging. Sir Anthony Carlisle's metallic blisters were applied along the course of the spine, at short intervals, and appeared to give severe pain.

6 o'clock. He requested cold water to be given him to drink. He then rose unaided from the bed, came to the fireside and fell down, and upon being raised up was found to be dead.

Autopsy.—Leave could only be obtained to open his head. The dura mater was highly vascular; the vessels upon the surface of the brain were turgid with venous blood; the ventricles were distended with a clear fluid, apparently resembling the serum of the blood, but more glutinous; the substance of the cerebrum was harder, and that of the cerebellum softer than usual; the medulla oblongata was of a natural consistence. There was no tension of the abdominal muscles; the limbs were extremely rigid and discoloured, with blue and red patches.

Remarks.—The sudden death may be accounted for by the heart's action having become interrupted spasmodically, and most likely the effusion into the brain took place after death, otherwise it is difficult to account for the sudden death, as there had been no previous sensorial disturbance.

CURE OF HYDROCELE BY ACUPUNCTURE.

To the Editor of THE LANCET.

SIR: Having been benefited by the accidental perusal of an article in a late Number of THE LANCET, I think it but justice to you, to the gentleman who signs himself D. Lewis, and to the public, to state the following facts:—

Having had a swelling for some months, which increased and became more firm daily, I consulted one of the most celebrated professors of surgery (whose name I enclose for your private information), who, after minutely examining the parts, eased my mind by satisfying me that it proceeded not from hernia, but from a secretion of fluid. He then informed me that when particularly inconvenient, I might have a radical cure performed by the injection of port-wine, but the operation would perhaps lay me up for eight or nine days.

As we all like to put off the evil day as long as possible, and as, at this season of the year, the loss of eight days was of importance to me, I postponed fixing the time. The word "hydrocele" subsequently caught my eye in the Strand, and I bought THE LANCET of May 7, provided myself with a very fine needle, and one of a larger size, and proceeded to puncture the lower end of the scrotum, which, on the right side, had protruded into the form of a large egg—say five inches in depth. After two insertions of the fine needle, without any apparent effect, I took the larger one. On its withdrawal, a *single drop* of clear fluid followed. I endeavoured then, by pressure, to force more, but could not succeed. Thinking that, like a cask of beer, or wine, the tap might require the assistance of a spile or vent-plug, the needle was again inserted, but as nothing oozed out, I abandoned the operation in despair of doing any good.

I immediately afterwards walked briskly three miles; for, be it observed, there is no pain in the operation, and in about two hours I returned home by a cab. When undressing myself, to go into bed, I found to my astonishment that *the whole of the swelling was reduced.* The testicle could now be distinctly felt, which it could not have been for six months preceding, and this, too, without any *other effusion of liquid* than the single drop which followed the needle. I was perfectly unconscious of any reduction having gone on.

During the whole of the next day, having to move about, I felt a slight nausea, as

ness, whenever the testicle touched or ted upon the scrotum, which perhaps it d not done whilst the sac was in a disnded form; however, this soon went off, nd frequent bathings in cold water braced up the parts firmly.

By a subsequent reading of the letter of Mr. Lewis, I found what I had overlooked before, namely, that Mr. L. states that his plan is "to puncture with a fine needle until *a drop* of fluid oozes out on withdrawing the needle, and in three days the hydrocele will disappear, no matter in what quantity the fluid may be collected." By not attending to the words *a drop*, I expected that the whole of the fluid must be emptied to effect the object. As this is an important distinction, I am sure that amongst the thousands of medical students who read THE LANCET, hundreds will be found as ignorant as myself, and therefore a discussion upon the symptoms, causes, and effects of hydrocele, would be beneficial. In that discussion, proof should be attempted to be afforded whether the scrotum is distended in such cases with an actual body of water daily increasing, or whether there is simply a single drop of water, operated upon by the heat of the body, or by some diseased part, until it becomes rarefied into steam, which steam is immediately condensed by the introduction of a needle, in the same way as a jet of cold water condenses in a steam engine.

I have mentioned the walking and the cab merely to show that the friction caused thereby may have hastened the reduction of the hydrocele. My name and address are handed to you in confidence, and I remain, Sir, your obedient servant,

R. B.

London, June 15, 1836.

REMARKABLE CASE OF CYANOSIS,

PRODUCED BY

COMMUNICATION OF THE AORTA WITH BOTH VENTRICLES.

By Dr. E. LEXIS, *Berlin.*

ALBERTINE W., born apparently sound and strong, presented nothing remarkable for the first year after birth, except now and then a difficult asthmatic respiration. The peculiar symptoms of an organic disease of the heart did not appear until later; then, whenever the child made any bodily effort, or was irritated, the body became of a bluish colour, especially the face, and an access of strong suffocation came on, which the little patient endeavoured to relieve by bending forwards the body. These symptoms were afterwards joined by convulsive movements, and painful darting sensations of the members. The mother described the child as being cool during the time, and very susceptible to the impression of cold. In the year 1831 the mother sought medical aid for the first time. The use of Elix. Acid. Halleri, and frequent washing the body with a stimulating fluid, seemed at first attended with benefit, but the symptoms soon became aggravated, and the parents brought the child to the Clinique of the University on the 28th of November, 1833. The patient was now five years and three quarters old, and the following appearances were ascertained on careful examination:—Child well conformed, but slightly emaciated; during respiration the face was marked with an expression of great anxiety, and the thorax dilated with considerable force; cough with distinct mucous râle had existed for some time. The pulsation of the heart was excessively strong, but irregular in quality and frequence, and sometimes so small that certain pulsations could scarcely be distinguished. The skin was for the most part of a dark tint, and in some places, especially on the front of the chest, marked with deep blue, livid spots, like petechiæ. The edges of the nose and lips, the lips, gums, and tongue, were of a dark bluish colour, as also the eyelids and surrounding parts; the conjunctivæ scleroticæ were covered with a number of tumefied vessels. The breath of the child was very foul though no symptoms of gastric disorder existed; the appetite irregular; thirst increased; abdominal and urinary secretions not altered. The skin, especially on the extremities, cool. In a short time after his reception into the institution the different symptoms became more violent, the anxiety and difficulty of breathing were especially distressing, and the child died in a few days.

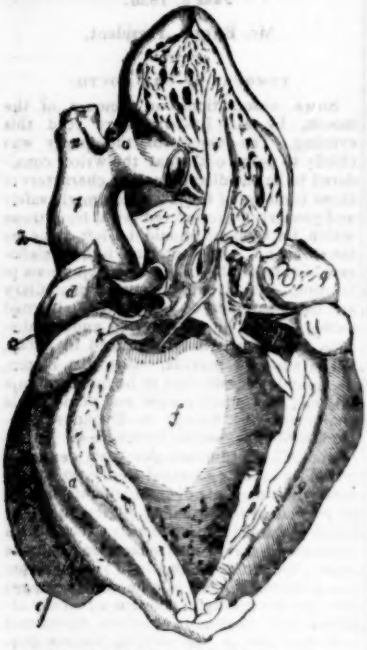
Autopsy forty-eight hours after Death.

Skin in general of a pale grayish colour, and marked in several places with blue spots; the face looks extremely composed, and its colour quite changed from what it exhibited during life.

Abdomen.—Liver much developed, intestines strongly injected, and mesenteric glands enlarged. In the mesentery near the colon were several discoloured spots, as large as pins' heads.

Chest.—Left lung united to pleura costalis; no effusion into its cavity; the parenchymatous tissue contains a few tubercles. The heart is evidently enlarged, and extends into the right side of the thorax, beyond the sternum; on being opened it is found to contain no blood; the parietes of the auricles are relaxed, and those of the right ventricle thicker than the left; in the septum auriculorum an opening large enough to receive a swan's feather, which, however, might be closed at the left side by the val-

vula foraminis ovalis, yet existing. The ductus arteriosus was absent. The aorta of its usual size. On dividing the aorta it was found to lead into the left ventricle, but another communication existed, with an opening in the septum ventriculorum sufficiently large to pass the tip of the index finger; thus one half the aorta opened into the left ventricle, the other half into the right; the edges of this opening were smooth and equal. On passing a probe into the pulmonary artery it went on with difficulty into the ventricle, and on laying open the vessel there were found between the edges of the artery and the semilunar valves, a number of blind sacs, into which the probe passed more than half an inch. The communication of the pulmonary artery with the ventricle was not larger than would admit a moderately sized crow's quill.



a, Anterior surface of the heart.

b, Anterior edge of the right ventricle, opened, and slightly separated from the heart.

c, A slit, leading from the pulmonary artery (*d*) into the right ventricle.

e, A probe passing from the right ventricle under the origin of the pulmonary artery, and coming out through the opening in the septum ventricularum.

f, Septum ventric. laid open from the side of the left ventricle. It does not ascend quite so far as the semilunar valves (*kk*) of the aorta, but terminates in a smooth edge, leaving an opening three lines broad and five long, which leads from one ventricle to the other, and is traversed by the probe (*e*).

g, Posterior surface of the left ventricle.

h, Wall of the ventricle which is thrown upwards.

i, A cornea columna, attached to the mitral valve, also thrown upwards.

kk, Semilunar valves of the aorta.

l, Trunk of the aorta.

m, Innominata.

n, Left carotid.

o, Left subclavian.

p, Opening in the septum auricularum.

q, External wall of the left auricle.

BRONCHOCELE.

ITS CAUSES.—SINGULAR CASE.

BRONCHOCELE is common in Worcestershire, and many cases are witnessed in the district around Malvern. In some females the diseased gland grows to a large size without producing any, or only trifling inconvenience—a little difficulty of breathing in walking up hill. Persons afflicted with this unsightly complaint are chiefly, but not universally, females; in one or two instances I have observed male children born with a decided fulness and enlargement of the thyroid gland. Very few of the common people use any remedy for it.

Bronchocele is not confined to the peasantry, a tendency to the disease often showing itself in young females in the middle and higher classes; these generally have recourse to medical treatment. Iodine given internally, and used externally in the form of ointment, usually reduces the incipient enlargement; it is, however, liable to recur.

It is very difficult to ascertain the causes producing bronchocele. Of twenty-two cases which I examined a few years ago, some lived in situations where the water was hard; others where it was soft; some lived very well, i. e. had animal food daily; others chiefly on potatoes and bacon, the ordinary food of the labouring classes. In a great majority the right lobe of the gland was the largest, and there was no appearance of scrofulous disease. In females of the same family, more than one generally had the disease. Bronchocele almost invariably increases in size, and becomes more troublesome during gestation; and, in many instances, remains, after delivery, permanently of a larger size than before. It has been supposed that the offspring of parents afflicted with this complaint, evince more or less deficiency in their intellectual en-

downments; in one or two of the cases alluded to above this was the case, but not generally.

Case.—I have the details of a very singular case of this disease in an unmarried female of delicate constitution, aged 37. The gland had been enlarged for fifteen years, and various remedies tried with considerable but temporary relief. For about two years the breathing had been more or less affected, the respiration being accompanied with a harsh, sonorous, dry rale, and short frequent cough. On the *left side* of the trachea was a firm rounded tumour, and on the *right side* was another less prominent; to the former all the distress, which was occasionally very great, was referred. Great relief was experienced, when the difficulty of breathing came on, by pushing aside the tumour from the trachea by the finger. When the finger was removed, the rale, distress, and cough returned, but, after some time, slowly went off. Through this tumour a seton was passed; leeches and cold lotions were also had recourse to, but debility and loss of appetite slowly increased; and the patient one evening being suddenly seized with difficult respiration, which nothing would relieve, died in about five hours (perfectly sensible to the last moment), apparently of suffocation.

Autopsy.—The appearances, on dissection, were highly interesting. The left portion of the thyroid, through which the seton had passed, and to which the principal attention had been directed, extended from the ramus of the jaw to the clavicle; the upper edge of the right tumour commenced just below the larynx, and between the tumours the trachea was very much compressed. This tumour on the right side was found to be only the superior portion of a very much enlarged thyroid gland, which extended completely into the chest behind the first rib, and, altogether, as large as two closed fists, four-fifths of it being in the cavity of the chest. It was divided into two portions by a groove or sulcus, in which lay the arteria innominata, pushed outwards towards the clavicle. The common carotid was displaced laterally, nearly two inches from the trachea, and the subclavian artery very much elevated above the clavicle and first rib. The par vagum passed over the subclavian artery, but the base of the tumour was engaged in the loop of the ramus recurrens; this loop, instead of being closely in contact with the artery, passed round the bottom of the tumour, which was, at the least, two inches and a half below; consequently, both the par vagum and the recurrent branch were very much stretched and elongated. The nervus vagus was redder than on the other side, but there did not appear any material alteration in its size; the recurrent branch, on the other hand, was smaller, and was almost dissipated in a few minute filamentous threads, which could hardly be traced to the larynx.

I forbear making any remark upon this singular and interesting case. Whether death occurred from mechanical pressure upon the trachea, or from paralysis of the recurrent nerve, or from the joint effect of the two, I do not venture to determine.—(From a "Sketch of the Medical Topography of Malvern," by Mr. W. Addison, in the *Trans. of the Prov. Med. Association*, vol. 4, 1836, page 138.)

MEDICO-CHIRURGICAL SOCIETY.

June 8, 1836.

Mr. EARLE, President.

TUMOURS OF THE MOUTH.

SOME observations on tumours of the mouth, by Mr. LISTON, were read this evening. The object of the paper was chiefly to point out what the writer considered to be the discriminating characters of those tumours of the jaw which might safely and properly be interfered with, from those which he thought should be left alone by the surgeon. After entering into an elaborate history of the causes and symptoms of fainting, spina ventosa, epulis, medullary and osteo-sarcoma of the jaw, the learned author proceeded to describe another disease, not so generally described in books. "The superior maxilla," says Mr. Liston, "is found now and then to be involved in a tumour of a more simple and manageable character; the fibrous or fibrinous commencing in the osseous structure or periosteum. These tumours are very generally traceable to some external injury, to which, indeed, the majority of enlargements of parts of slow growth are to be attributed. The lower jaw was more frequently affected with tumours of the fibrous character than the upper, though occasionally it suffered from the malignant kind of tumour; the upper jaw, on the contrary, though generally affected with malignant tumours, sometimes was the seat of the simple, fibrous one. These fibrous tumours attain, though slowly, a great size, are of a *globular* form, and displace the hard and soft parts, project from the countenance, and by the derangement of the features occasion great and fearful deformity. The skin may be thinned, and pervaded by enlarged veins. It is discoloured, but is not incorporated, even in an advanced stage, with the morbid mass, nor are any of the surrounding tissues contaminated. The projection towards the mouth,

often large, and passing down by the side of the upper teeth and jaw, is hard and elastic, and conveys the feeling of cartilage interspersed with bony particles; but it is covered by a continuation of the mucous lining of the cavity, slightly thickened and altered, but furnishing an inconsiderable discharge, neither offensive nor of bad quality. This growth in the mouth bears marks of indentations made by the hard bodies with which it comes in contact. The hard palate, when the upper jaw is involved, is covered by a thick layer of tumour, which projects over, and lies in contact, but is not adherent to the gum and teeth of the opposite side. It obscures the view of the velum and fauces, and by impeding deglutition, and interfering with the full respiration, makes the patient uncomfortable, renders his supply of nourishment incomplete, and even puts his life in jeopardy. When these tumours affect the lower jaw, the functions of the tongue are also seriously impeded. As far as the records of surgery were concerned, and in those inquiries which the author had made respecting tumours which had been subjected to the knife, they did not all appear of this benign and tractable character. It appeared, indeed, that out of thirteen or fourteen cases in which the upper jaw had been entirely extirpated, only one case, which was operated on by M. Gensoul, could be said to be of this favourable kind; in the majority of the others the disease returning and destroying the patients. During his practice, and out of a vast number of cases of tumours of the jaw, many of them of a malignant character, the author had been fortunate enough to meet with several cases of the simple or fibrinous kind. Regarding the mode of operating in the affections under consideration, the following remarks were made:—"The tumours of the gums cannot be satisfactorily or permanently removed unless the teeth which they embrace are extracted, whether decayed or not. An incision should be made with a strong pointed knife, so as to surround the base of the tumour, and wide of the morbid structure where the alveolar processes are involved; these must be cut away with a cross cutting forceps, and if to any depth, perpendicular sections should previously be made on each, side with a fine saw. When there is reason to dread that the structure is of a bad kind, when unsuccessful operations have been previously practised, besides the free excision it will be advisable to apply either the actual or some potential cautery to the exposed surface after the oozing of blood has ceased. In many cases this is not demanded, as a permanent cure is found to follow the clean extirpation. The incisions, either in the upper or lower jaw, must be made, necessarily, so free as to take in the whole morbid growth. He had found it necessary to cut down the alveolar ridge, leaving merely a thin rim of the base of the jaw, in order to attain this end in some cases. This proceeding is preferable, when it can be accomplished, to the cutting across and removing the whole thickness of the bone. The medullary tumours, if interfered with at all, must be attacked by some very effectual operative procedure in their very earliest stage. The fore part of the antrum so affected has been exposed and opened, in very many cases, by incision of the cheek, and the morbid growth taken out; caustics have afterwards been employed, but the result was seldom satisfactory; the difficulty of removing the whole of the diseased structure may account for this. Two cases, however, one by Desault, and the other by Sir A. Cooper, are recorded as having been cured. Some instances in which polypi in this situation have been forcibly dragged away by the forceps, were of little benefit to the surgeon or the patient."

The merit of suggesting the possibility of removing the entire superior maxilla is due to Professor Lizars, who published his proposal in 1826. M. Gensoul performed his first operation in 1827. Though both these gentlemen seem sanguine as to the success of this operation in removing malignant diseases of this part, it is quite clear that in many cases the disease will return. In one case Mr. Liston had succeeded in effectually removing and eradicating a medullary tumour of the upper jaw; it had not attained any large size; the structure was brain-like, presenting a smooth, homogeneous, greasy surface. At the upper part, towards the alveolar processes, it was broken up and bloody-looking; had this tumour not been timeously removed, there is no doubt it would have returned. This kind of case was generally met with in middle-aged persons; but the writer had seen another very bad instance, in a young midshipman, about fourteen years of age, where there was terrible deformity. Three cases of a totally different kind were now related; two of them occurred in the *Royal Infirmary* at Edinburgh, and one at the North-London Hospital, which was reported in THE LANCET some time since. (See case of Ann Struther.*) These tumours were of the fibrinous kind, and two of them had attained an enormous magnitude. These cases had all proved perfectly successful. Letters of recent date were read from the surgeons in the districts in which the patients now resided, stating that they had since been entirely free from the affection. With regard to temporary ligatures in this operation, the writer did not consider that there was necessity for them at all. In those cases in which he had operated, very little blood was lost, and very

* Vol. I, 1835-6, p. 917.

few vessels in any of them required ligature; in the second case none were tied, and in the last only one, and that did not bleed profusely. The line of incision which the operator preferred, is that he followed in Struther's case, and which will be found minutely described in THE LANCET.† The incisions thus formed were much less productive of deformity than those recommended by M. Gensoul. There was no necessity for the application of dressing to the external wounds. The writer objected to the employment of the mallet and chisel for the purpose of dividing the bones; the quicker it was done the better, and he considered the cutting forceps the most proper for the purpose. They are employed with much greater facility by the surgeon, and much less pain to the patient.

Various preparations of the disease, which the writer had removed, were exhibited, as were also portraits of the patients, both before and after the operation.

† Ibid.

SUSSEX SCIENTIFIC AND LITERARY INSTITUTION AND MANTELLIAN MUSEUM, BRIGHTON.

DR. MANTELL'S third lecture on behalf of the above Institution was delivered on Saturday in the large room of the Town Hall, before a numerous and fashionable audience. The subject was "Fossil Corals and the Marbles which they composed;" and the lecture upon this curious department of natural philosophy equalled, if not surpassed in interest the previous discourse on the recent corals. Dr. Mantell, after a brief introduction, gave a resumé of his first lecture, which formed an admirable epitome of the natural history of those wonderful forms of animal existence. He then described the processes which are still going on upon an extensive scale in tropical regions, and by which pulverized corals and shells are driven in upon the shores, and form extensive banks of sand, which by subsequent changes are converted into solid stone, fit for building and other economical purposes. This subject was illustrated by a suite of specimens from Bermuda, showing every state of the process; first, there were broken shells and corals, retaining their natural colours; 2nd, similar materials, more comminuted and completely blanched; 3rd, an aggregation of broken shells and corals, with the interstices filled up with loose sand; 4th, a coarse friable limestone, very like soft chalk, composed of comminuted shells and corals; 5th, a very hard limestone of the same kind; 6th, a compact limestone, with shells and pebbles imbedded therein; 7th and lastly, a fine limestone, so hard as to be broken with difficulty by the hammer, and in which all traces of the forms of the corals and shells, of which it entirely consisted, were lost. A similar formation of broken shells and corals occurs on the shores of the Isle of Ascension, and of Guadaloupe. In the latter place a very hard limestone has been formed by this process, and human skeletons have been discovered imbedded therein; there is a specimen (without the skull) deposited in the British Museum. Dr. Mantell exhibited a drawing (half the size of the original) of a specimen which is in the museum of the Jardin des Plantes at Paris. In the Isle of Ascension turtles' eggs are found imbedded in a similar conglomerate; and in some instances the bones of the young turtles are seen in the shell, enveloped by the stony mass. The Combe rock at Brighton is formed by a similar process; but as we have neither corals nor shells on our shores, but only fragmented chalk and flint, these last materials are the principal ingredients, and may be seen in the cliffs between Brighton and Rottingdean, in every intermediate state, from a friable aggregation, to a rock so hard and compact as to resist for a long time the action of the waves. Various specimens of coralline limestones were next exhibited and described, and compared with recent corals of the same genera, but of species distinct from the fossils. Beautiful marbles from Derbyshire, Devonshire, Somersetshire, Scotland, &c., were shown to owe their various figures and colours to the fossil corals they enclosed, and many examples exhibiting the forms of the originals from the coral rag of Berks and Oxfordshire were displayed. The geological position of the transition rocks, which are constituted so largely of corals, was described, and the phenomena exhibited by the inclination of the strata, their dislocations, &c., explained by diagrams and sections. Dr. M. particularly elucidated the nature of the changes by which the organic remains of older strata have been thrown up and imbedded in gravel of a modern date; and alluded to the assertion of Mr. Kirby in the Bridgewater Essay, and appealed to by a late writer, in proof that the inferences of geologists, as to the former state of the globe, were incorrect. Dr. M. then most satisfactorily showed that the elevations and dislocations of the lower strata which had brought them to the surface, and placed them within the reach of our observation, must necessarily be attended with a removal of some of the fossils, and the intermixture of those of an ancient date with those of our modern epoch. There was nothing in this fact to militate against the theories of geologists

the difficulty existed only in the minds of those who wrote upon a science, of the very principles of which they were ignorant. As well, said Dr. Mantell, may the discovery of a Roman coin, in the superficial soil, with fragments of modern pottery, be assumed as evidence that the Romans inhabited this island a few years ago, as the discovery of fossil vertebræ of reptiles in superficial gravel, be admitted as proof that these reptiles lived when that gravel was deposited. He apologized to his intelligent audience for noticing so puerile an objection. Dr. M. then took a comparative view of the contents of the conglomerates formed by recent corals, and those of the ancient world, and particularly drew attention to the fact, that in the former the remains of man and his works might be found, and were constantly being imbedded, while in the latter such remains were not only wanting, but also all traces of the large mammiferous animals belonging to the present state of things; and concluded his lecture with an eloquent peroration, in which he contrasted the perishable and fleeting character of man and human productions with the enduring monuments of nature. At the close, Dr. Mantell announced that he should not appear again as a lecturer for some months, the state of his health rendering it necessary that the little leisure which his professional engagements might allow him should not be intruded upon for the present; but that it was his intention, on some future occasion, to give a course of lectures on geology, on behalf of the institution, and perhaps two or three on a subject more immediately connected with his daily occupations,—the physiology of the nervous system. Dr. Mantell then briefly alluded to a pamphlet lately published, in which statements were made against geology, which had been refuted again and again, and opinions imputed to him which he never promulgated or even entertained. I will not, however, said Dr. M., imitate the example of the author, but, in all sincerity, extend to him the charity which he has refused to me.

Dr. M. was warmly greeted by the audience at the close of his address.

THE LANCET.

London, Saturday, June 25, 1836.

On the motion of Mr. Wakley, the Medical Witnesses Bill was read a second time in the House of Commons on Wednesday night last. Not the slightest opposition to the Bill was offered from any quarter. When the Bill will get through a Committee of the House it is impossible to state, as the unfortunate and most unwise collision between the two branches of the legislature, has rendered it all but impossible to advance a single step with any measure in the present session of Parliament. On Wednesday evening there were thirty-six "Orders of the Day" on the paper, and seventeen notices of motions; yet the discussion on the first "Order of the Day," was not even *commenced* until nine o'clock. No effort shall be left untried to advance the Bill as rapidly as possible, and convert it into one of our statutes, as the grievance which the promoters of the measure seek to remove by it, is one of a serious character, and operates with the grossest injustice towards all branches of the profession.

The letters of our correspondents containing suggestions and proposals of alterations in the new Bill, will receive the fullest consideration. Any technical errors which may exist in the printed copy, will be removed, as a matter of course, in the Committee.

We insert the following communication with feelings of extreme satisfaction:—

To the Editor of The Lancet.

Sir: Much has been said in your Lancet of the "cruelty of the Guardians" of certain Unions in making medical contracts. It seems to me impossible for *Guardians* to do *right*. I come to this conclusion on the following grounds:—Cambridge contains about 22,000 inhabitants; the Union is divided into two districts, the population being nearly equal in each. Medical contracts were advertised for and sent in; a Mr. Anderson, of London, offered to take either of the districts for 35*l.* for the year; a Mr. Green, of Cambridge, 50*l.*; Messrs. Cribb and Sudbury 100*l.* for the first, and 90*l.* for the second district. The majority of the Guardians are determined that the poor shall have *proper* attendance when required, and were satisfied, that if a medical man gave *proper* attendance, he *must* be paid a *fair* remuneration for his services. Acting upon this principle, they elected the two latter gentlemen, and what is the consequence? They are abused most unmercifully for "*wasting the public money.*" (Vide

Cambridge Chronicle, June 17, 1836, signature "Fairplay.") Now, Sir, what are Guardians to do? If they take the *lowest* tenders, they are "wretches, slaughterers," &c., and if they take the *highest*, they are wasters of the public money, &c. Perhaps you will give a word of advice in your next LANCET, and by so doing, you will oblige a reader and your obedient servant,

W. REEVE.

Cambridge, June 18, 1836.

The Guardians in this instance have had the firmness and the honesty to act with justice to the sick poor, in taking the highest tender; but the salary, even now, does not reach one-third of the sum which ought to be awarded for the discharge of the important duties which a surgeon is required to exercise in either of the two districts. Had the Guardians taken either the thirty-five or the fifty pound tender, the act would have been grossly reprehensible, and they would have deserved the severest condemnation. Those contractors have proved that they are unqualified to fill the office of parochial surgeon by the very nature of their own proposals, and they stand before the public, self-exposed, self-convicted, ADVENTURERS. Our correspondent asks, "What are the Guardians to do?" The question may be answered thus,—"If they act *justly*, "they will always be protected as well "against the shafts of malice, as the calum-"nies of interested slanderers."

The following is the letter from Stroud, with which we were unable, from want of space, to conclude the correspondence on the subject of the medical contracts in the Unions, in the last LANCET:—

Stroud, June 13, 1836.

SIR: Although I am an old practitioner, and take no personal concern in medical politics and arrangements, I nevertheless feel the greatest interest for the credit of the profession, and for the well-doing of those members who honourably and conscientiously tread in the path of duty and science. I cannot then but fully agree with you in the feelings of contempt which you have so warmly and aptly expressed towards those self-degraded SIXPENNY SCRAMBLERS (M.R.C.S.'s though they be) who have humbly and pliantly bent their necks to the heavy feet of the Stroud Union "Guardians;" and I am equally sure that the arguments which you have advanced on the subject of Unions and Dispensaries in the last three numbers of THE LANCET (which should be in the hands of all medical men, magistrates, and clergymen), are as incontrovertible as I am sure the motives which dictated them are pure and disinterested.

But Hambledon and Stroud, I fear, do not furnish the only instances of iniquity in poor-law contracts. You have before exposed some almost as gross, and even within a few miles of Stroud some could be pointed out. In a large and wealthy town (Cirencester) the more established and respectable practitioners, whose characters for ability and humanity are unimpeachable, kept aloof from such arrangements as were proposed by the Commissioners and Guardians, and for that district of a large Union only one "tender" was sent in, and the proposal in that was, to attend &c. &c. for 120*l.* per annum, but the guardians (anxious to convert the "*tender*"-ship into a *hard*-ship) *immediately made a bidding of half the amount, and the 60l. was accepted by the same individual!*

To another district of the same Union I am informed that a young Irish practitioner, from a distant and obscure village, is appointed. I am informed, that he is neither a member of the College of Surgeons nor a licentiate of Apothecaries' Hall, but the Guardians were satisfied with his Irish certificates (what could they possibly know of the matter?), and accepted his offer, which, such were the terms imposed by the Guardians, was the only proposal made for this district.

In another neighbouring town (Cricklade) the Union is attended by a resident practitioner, and within the last month, one of the ordinary "Benefit Clubs" and "Self-supporting Dispensaries" has been established by the "leading" persons in the neighbourhood, embracing a considerable extent of country, by which all the medical men in the town have suffered themselves to be entrapped, and so readily too, that they eagerly consented to allow the patients to come to their own houses. I am not in possession of other particulars, but for the truth of this information I can vouch. Yet I may safely challenge the Cricklade practitioners to rebut the arguments in which you have so repeatedly shown that such conduct is bringing ruin upon the profession. I am, Sir, yours obediently,

VERAX.

The subjoined petition from medical practitioners residing in the district of the Epping Union presents a noble example to the profession, who must remember that their salvation from both the present and the re-

mote consequences of the existing schemes for depreciating their services, is in their own hands:—

PETITION FROM THE EPPING UNION DISTRICT.

To the Editor of THE LANCET.

SIR: I have much pleasure in forwarding to you the copy of a petition, which you will perceive is signed by nearly all the practitioners in the Epping Union. I beg also to express our sincere and grateful thanks for your able and unwearied exertions in the cause of our "persecuted tribe." At your suggestion this petition was framed, and another is already signed in a distant part of the county, and I trust that Essex will imitate the noble example of Buckingham and Warwick, and form an array of strength against the persecutions of Poor-law Commissioners and their minions. I further beg to observe, that I had the honour of a long conference with our worthy county member, T. W. Bramston, Esq., who has kindly offered to present this petition to the House of Commons. Had I been aware that petitions from non-professional persons (to which you have alluded in your last Number) would have been accepted, I can state with perfect confidence that such is the unanimous feeling of abhorrence and disgust at the administration of the poor law with regard to the sick in this respectable neighbourhood, that every inhabitant would cheerfully have signed it. I am, Sir, with much respect, your faithful servant,

GEO. ROBT. ROWE.

Chigwell, Essex, June 21, 1836.

"*To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled,*

"The petition of the undersigned practitioners of medicine and surgery residing in the county of ESSEX, humbly showeth,

"That your petitioners are required, under the present administration of the Poor-law Amendment Act, to accept for medical and surgical attendance on the poor, remuneration for their services on a scale which is barely sufficient to defray the cost of drugs and surgical applications, without the slightest compensation for their arduous professional duties.

"That your petitioners submit that the same scale of remuneration cannot with justice be universal in its application; marshy districts and other localities prevent it.

"That the appointment of a reduced and insufficient number of medical officers to greatly extended districts, is alike incompatible with the duty of the practitioner and uncharitable in its consequences to the sick poor.

"That it is generally admitted that the parish surgeons have always been most inadequately remunerated for their services, and your petitioners most humbly submit to your honourable House whether a still lower and more degrading system of payment ought to have been adopted, accompanied as it is with a threat in case of non-compliance, of the introduction of a stranger to the district, a result which has already occurred in two instances in the Epping Union, consequently rendering the appointment one of a choice of evils to the experienced and established practitioner.

"That your petitioners complain of the *unjust* interference of Poor-law Commissioners and Boards of Guardians in the formation of sick clubs, thereby classing servants, mechanics, and others, who have been attended as private patients in their medico-pauper contracts.

"That your petitioners consider that right feeling and sound policy dictate that the parochial duties of a medical man should be, from their variety, importance, extent, and great responsibility, confided to those who have previously established their moral and professional character, and have local ties in the neighbourhood.

"That your petitioners express their deep regret that a system of contract by tender and advertisement should have been recommended by the Poor-law Commissioners, as such a system offers neither protection to the poor nor a guarantee of professional acquirement, while it deprives the conscientious practitioner of his just and honourably acquired rights.

"And, lastly, your petitioners most humbly submit to your honourable House that they are prepared to prove that the system of "medical relief" adopted, so much to the satisfaction of the Poor-law Commissioners, is lamentably deficient as a prompt, humane, and effective provision for the sick poor; further, that it is a system abounding with greater evils than the former plan, and fraught with injury to the poor of a nation which has been so long celebrated for its love of justice and its philanthropy.

"Your petitioners, therefore, pray, that your honourable House will be pleased to take into consideration the matters here set forth, and provide such remedy for the evils complained of, as your honourable House in its wisdom shall deem meet. And your petitioners, as in duty bound, will ever pray.

"M. Allen, M.D., High Beach.
George Robert Rowe, Chigwell.
A. Thurgood, Chigwell.
John Davis, Woodford.

William Gosse, Hoddesdon.
John Potter, Ongar.
F. D. Potter, ditto.
J. W. Potter, ditto.
C. Potter, ditto.
John Peake, ditto.
C. H. Lovell, Navestock.
D. R. M'Nab, Epping.
Thomas Loft, ditto.
(Thomas Busick, Haylock), Harlow.
R. A. Bowers, Romford.
J. M. Brown, ditto.
G. Sewell, ditto.
W. Carruthers, ditto.
Thomas Morgan, Woodford.
W. H. Cary, ditto.
W. B. Rix, Matching.
W. Horley, Hoddesdon."

HOUSE OF COMMONS.

Tuesday, June 21, 1836.

MEDICAL CONTRACTS IN THE UNIONS.

MR. LENNARD presented a petition which he considered to be well entitled to the consideration of the House, both on account of the important matter to which it related, and the very respectable quarter from which it came. The petition was signed by about forty practitioners of medicine and surgery in the central parts of the county of Essex. The petitioners complained of being obliged, "under the present administration of the Poor Laws, to accept a scale of remuneration for their services which afforded no adequate compensation for their time and arduous professional duties." They complained "that the higher classes of servants, and others whom they had hitherto attended as private patients, were admitted, under the sanction of the commissioners, to the list of subscribers to the medical fund." They further complained "that a system of contract by tender had been recommended by the Poor-law Commissioners." It must be clear, said Mr. LENNARD, to the House that such a system afforded no protection to the poor, and no guarantee of the professional fitness of the tenderer, whilst it deprived the honest and conscientious practitioner of that which he might justly claim as a fair remuneration for his services. It must necessarily happen that the poor, seeing themselves consigned, under such a system, to the care of strangers who had been sought for by advertisements, in cases where the resident practitioners had declined to accept an inadequate recompense, must entertain feelings of great uneasiness and discontent, and he hoped that the prayer would meet with that attention from the House which it deserved.

Mr. WAKLEY was proud to have the opportunity of offering his testimony to the great respectability of the petitioners. He had often in that House adverted to the importance of the subject on which those gentlemen had petitioned. The system at present adopted in the unions, of accepting in almost all instances the offer of the lowest bidder who might stipulate to provide medicines and attendance for the sick poor, was so thoroughly repugnant to every principle of sound policy, of justice, and of humanity, that it could not long be sustained, whatever might be the desires or the power of the executive government. When the miscellaneous estimates were before the House, he had explained the conditions on which the poor were to be attended in the Stroud Union. He had shown that the medical officers in that district were not to be paid a salary by the Board of Guardians, but that the members of medical clubs who subscribed sixpence a year for children under sixteen years of age, were to receive for those children medicines and attendance during the period of one year. On that occasion he was abruptly, he might say rudely contradicted, by one of the hon. Members for the University of Cambridge. He now, however, would repeat the whole of the allegation, and he defied contradiction of the statement from any quarter. If the Poor-law Commissioners and the Boards of Guardians intended to destroy the poor, or to torture them by allowing a set of untutored certificated migratory human vultures to prey upon their afflicted bodies, they ought in candour to make an acknowledgment of their intentions, and then the legislature would know how to proceed with a view to speedily discovering the course which ought to be pursued in order to fix a remedy for the existing grievances. It was his intention on the first open day to bring the subject before the House, in a substantive motion, and if the abrupt termination of the session, or the pressure of business during the remainder of the session, should unfortunately prevent him from submitting that motion to the House, he would take the earliest opportunity of bringing it forward in the autumn, if the House should assemble in November, because it was high time that the country should know whether the proceedings of the Commissioners and the Boards of Guardians, with respect to the poor, received the sanction of the British legislature.

Mr. HUME hoped that nothing more would be said on the subject until the motion of which notice had been given was brought before the House. The subject was deeply important, and ought to be very attentively investigated.

The petition presented by Mr. LENNARD was then laid on the table.

NORTH-LONDON HOSPITAL.

SYPHILITIC CUTANEOUS DISEASE.

R. T., aged 58, was admitted April 4, 1836, under the care of Dr. ELLIOTSON. He has been chiefly employed as a porter at sales and wine-vaults. He has been a widower for twelve months, and has been married thirty-three years; he is a stout good-looking man, of florid complexion; he was a soldier for a few years, but was discharged in 1802; had a gonorrhœa whilst in the army; at least he had a discharge, but never had any sores, buboes, or anything else venereal. He was cured in about a month, and never had the discharge since; has had also since that period the best of health until the present complaint. Has lived a little freely, drunk more beer than spirits. About two years ago a small tumour formed over the joint of the left elbow, which after some time (being poulticed) burst, and discharged "a core" and some matter. After a time it got perfectly well, and remained so until six months ago, when a small hard tubercle formed under the skin of the same part, which after a time burst, and discharged a very thick matter. From this point other tubercles of a similar kind formed all around, until the disease acquired its present extent. At present it extends for about four inches along the length of the arm, and about six inches in the transverse direction, having the bend of the elbow for the centre. The skin here is thickened and prominent, being distinctly raised in some places a quarter of an inch above the surrounding skin, and indurated. It seems now to consist of a number of tubercles which have coalesced together (and this is the way in which he says it has extended); the separation between them is much more distinctly opposed to the flexure of the joint than elsewhere, and there also the chinks are many of them larger and deeper. The eruption is of a dirty drab or slate colour. When dry it is somewhat scaly; opposite the very point of the olecranon is a fleshy tubercle, more distinct than the rest; redder and softer, and tender; pus oozes from it, "as from a sponge," when it is dressed, as he has been accustomed to dress it, with some ointment. At present, however, it discharges no pus, for he has had no application made to it here, and it is much dryer than usual. He has one tubercle on the forehead, subcutaneous and hard; the skin over it is red. On the vertex there are one or two spots of ulceration, which have occurred in the same way, but they are dry, and covered with a scab. The part affected itches, burns or scalds or throbs, pricks, shoots, &c. at different times. The arm also feels stiff; he is otherwise in perfect health. Dr. CARSWELL has seen him, and considers it to be hypertrophy of the cutaneous tissue. He observed that BIETT would call it a syphilitic affection, but he (Dr. C.) did not see any proof of its being so. He thinks repeated cauterizations for the purpose of destroying the tissue would be the best means of getting rid of the disease.

Dr. ELLIOTSON looks upon it as syphilitic, and ordered him five grains of the pil. hydrarg. twice a day, and placed him on full diet.

12. Mouth sore. Omit the pills.

May 3. The arm has been occasionally poulticed, as that keeps it softer; it is much better; the skin much less elevated, and in some points not at all. The pills again to be taken as before. In a day or two from this time he was made an out patient, at his own request, being very much better.

DIVISION OF THE ULNAR ARTERY, NERVE, AND TENDON OF THE FLEXOR CARPI ULNARIS.—PHLEGMONOUS ERYSIPELAS.

Humphrey Levi, æt. about 50, admitted under Mr. COOPER, March 6, 1836, having wounded the inner border of the wrist by the edge of a chisel, which slipped while he was cutting some wood. He had lost a very great quantity of blood (some pints according to those who brought him), which had caused syncope. He was still faint. The bleeding had been suppressed by a large compress and tight bandage. These were removed, and the wound examined. The direction of the wound was transverse, and about an inch in length. Owing to the infiltration of blood into the cellular tissue around the vessel, there was no possibility of thus getting at the artery, the wound was therefore crossed at right angles by an incision made in the course of the vessel, and when fairly exposed both ends were tied. When all oozing had ceased, the wound was brought together with slips of plaster.

March 7. Feels pretty well. Bowels moved by castor oil.

9. Has had a rigor, followed by a restless night; occasional wandering of intellect; tongue white; pulse 96; arm rather swollen and tender; five grains of calomel at night, and a saline draught every three hours.

Complains very loudly of pain behind the inner condyle of humerus over the course of the ulnar nerve.

11. Pulse 96; tongue dry, and brown; delirium at night; says "he feels as if he was sinking in the bed," asks to be allowed some porter. *Porter* half a pint; 1 grain of *Muriate of Morphia* at bed time; hot fomentations to the arm.

12. Has had a better night; tongue not so dry, but still furred; pulse 84, and fuller.

14. Arm exceedingly swollen nearly as high as the armpit. On the inner side of the forearm a free incision was made through the fascia, and a considerable quantity of pus evacuated. Pus of a dirty straw colour discharged from the wound. A poultice applied. To repeat the purgative. *Tinct. Morph.* gr. j, h. s.

18. The whole fore-arm is soft and boggy. Several free incisions at different points showed the cellular tissue quite sloughy.

April 1. Muscles of fore-arm appear as dissected, by sloughing of the cellular tissue. Both ligatures separated about the fourteenth day. Tongue still dry and brown; bowels open by castor oil. Full diet; wine ℥vi in the day; porter 0j per day; *Quinine Mixture.*

6. Is better; discharge less, and of a better quality. The arm to be carefully bandaged.

27. Discharged as an out-patient.

May 14. Has returned to the hospital; arm appeared to have been almost well, when a fresh collection of matter was formed, which was opened freely to-day.

25. Is quite well.

CASE OF CUT-THROAT.—The man Sach, whose case we reported some short time since in THE LANCET,* goes on very favourably. He is now fed by the stomach-pump, with a larger tube than usual, passed through the mouth. His diet now consists of three pints of beef-tea, three pints of milk, three glasses of port wine, and four eggs daily. He seems in very good spirits, and his strength is well kept up. The edges of the wound are cicatrizing. While the tube of the pump is in his mouth, there is a copious flow of saliva. The other day it was discovered that he was in the habit of chewing various articles of food, and allowing them afterwards to slip through the wound of the neck. He took great delight in thus amusing himself. Of course the custom was immediately stopped.

WESTMINSTER HOSPITAL.

RHEUMATISM TREATED WITH THE HYDRIODATE OF POTASH.

THE reporter has observed in No. 668 of THE LANCET the communication of a correspondent signed "A. S.," who remarks that the effects of the hydriodate of potass on rheumatism, in the cases related as occurring at this hospital, are magical or miraculous, and that the *modus operandi* of the medicine is not explained,—that iodine and its compounds are stimulants, that the antiphlogistic plan was not adopted in subduing the inflammatory symptoms; and, finally, he pretty plainly points to the inference, that the patients were improperly treated, or the cases unfaithfully related. The history of the cases in question is certainly laconic, but not to such a degree that a careful reader may not acquire all the important facts. Not one of the patients was under treatment for less than *twelve* days, what sort of a miracle then can that be which consumes all that time in its performance? If "A. S." means by the *modus operandi* the exact nature of the *vinculum* binding the cause with the effect (which is the correct philosophical import of the phrase), the reporter presents his compliments to him, and will be happy to oblige him to the extent of explaining it when "A. S." shall have discovered the universal elixir, *but not till then.* If "A. S.," however, should intend by the words *modus operandi* the series of physical effects resulting from the use of this salt, a second perusal of the cases already cited, and a double perusal of those subjoined will demonstrate to him that these phenomena are as follows: viz., nausea, varying in degree; depression of the heart's action; a soothing influence on the nervous system; increased activity of one or more of the emunctories, or of all consecutively, or of all simultaneously. In some cases the nausea is very pertinacious and troublesome, in others very trifling.

Moreover, "A.S." says that iodine and its *compounds* are stimulant. So they are, though not in an eminent degree; but does this critic know no difference between *compounds* and *chemical combinations?* Does he *not* know that in *compounds* the ingredients retain their original properties, but that in *chemical combinations* a new body is formed with totally different attributes? To select one fact from a thousand, what does he say to ammonia? Is it not a stimulant? And, yet what is it when combined with acetic acid? Is it not an excellent antiphlogistic? The same principle is applicable to the chemical union of iodine and potassium, in the shape of hydriodate of potassa. If "A. S." will read the cases candidly, he will find that proper auxiliary means were employed, but of course in such a manner as not to vitiate the deductions to be drawn from the use of the medicine quoted. When "A. S." feels disposed again to ape the critic, the reporter would recommend him to ruminate on the fate of a very diffident young gentleman whose name was Phaeton.

——— ——— *currus auriga paterni*
Quem si non tenuit, magnis tamen excidit ausis.

We now proceed to give the additional cases of rheumatism treated succesfully with the hydriodate of potassa.

CASE 1.—Hannah Seal, ætat. 38, admitted under Dr. BRIGHT, Nov. 23, 1835. The

* Vol. 2, 1835-6, page 382.

patient attributes her complaint to her having slept about six months ago in a room with a window open. The next day she was affected with great pain in the wrists, ankles, and great toes, and these symptoms have never entirely left her. At present the hands are swollen, red, and painful, the feet and ankles tumefied, and they present a shining œdematous appearance. The pain is more severe in the ankle-joint than in the foot. The knee sometimes swells and becomes painful. These pains are always relieved by the application of heat. Her urine is scantily secreted during the day, but more copiously at night; tongue clean and moist; pulse 90, and weak. Take of *Hydriodate of Potass* a drachm; *Infusion of Senna; Camphor Julep;* of each four ounces. Mix, and let her have an ounce three times a day.

27. Slight nausea; the tumefaction of the legs has diminished, and the hands are less red and painful. She complains of pain in the lower part of the right side of thorax.

29. The pain of right side considerable, and much increased by inspiration; pulse 96, approaching to hardness in character. A dose of castor oil to be swallowed immediately, and sinapisms to be applied to the side, and the hydriodate of potass mixture to be persisted in.

30. The pain has quite departed, the patient having had a free diaphoresis, and she feels better in all respects. To continue the mixture. Little or no nausea now arising from its use.

Dec. 5. She complains of coldness in the hands and feet. The medicine continued in diminished doses.

13. The patient is convalescent, but the circulation still feeble in the hands and feet. Good diet ordered.

15. Left the hospital, quite free from pain, to-day.

Case 2.—Catharine Fitzpatrick, ætat. 26, taken in under Dr. Hamilton Roe, Nov. 24, 1835. The tongue of the patient is red at the tip, but elsewhere it is coated with white fur. The pulse is 96, full. Countenance pallid, eyes suffused. She complains of severe pains in the shoulders, wrists, and hand joints. The wrist and hand of the right side especially, are hot, red, tumefied, and painful, so much so, indeed, that she cannot bear them to be touched. The left shoulder has a dull aching. The feet are numb, but not painful to the touch. The skin is moist. About fourteen years past the patient had a severe rheumatic attack which involved all the joints, but she has had no return till the present occasion. Take of *Wine of Meadow Saffron Root* half an ounce; *Epsom Salts* an ounce; *Distilled Water* half a pint. Mix, and let the patient have an ounce every three hours.

25. She is not better this morning, and the colchicum has produced bilious vomiting and purging. The colchicum to be abandoned, and the following mixture, with iodide of potassium, to be substituted for it. Take of *Hydriodate of Potass* a drachm; *Carbonate of Potass* two drachms; *Distilled Water* eight ounces. Mix, and give the patient an ounce three times a day.

27. A very trifling and transient nausea produced by the medicine. The redness has quite disappeared; the hands may be touched without creating pain; pulse softer, 90; the tongue still furred.

29. She is quite free from pain, and the tongue is clearing. She continues the mixture.

Dec. 1. She is declared convalescent, and put upon a more generous diet.

15. The patient is this day discharged perfectly cured.

Case 3.—Luke Brannen, ætat. 24, received under the care of Dr. Roe, Dec. 15, 1835. His face is pallid, and his countenance anxious. Tongue coated with a white fur. The pulse is 60, and the *left* wrist is full, strong, and even hard, but in the *right* wrist the pulse is weak and compressible. The heart's action is feeble and irregular. He complains of severe pain in the left wrist, which is hot, red, swollen, and very tender. The skin over the rest of the body is of natural temperature, and moist. He has pain in both shoulders, and in the knees, but these parts are neither tender nor tumefied. He attributes his complaint to exposure to cold, and to incessant hard drinking. He, however, has had a gonorrhœa for some time, for which he received no medical advice.

To be purged, and to have the hydriodate of potass mixture as already quoted.

17. The stomach has been a little queasy, but the wrist is less hot, painful, swollen, and tender. He can move his fingers, and bear a slight pressure on his hand. To continue the mixture, of course.

18. The same difference in either wrist exists as regards the pulse. The symptoms are gradually evanescing. The stomach is reconciled to the medicine.

19. The patient is perfectly free from pain and tumefaction. An improved diet.

23. He has perfectly recovered from the rheumatism, but the gonorrhœa has become more severe. Take *Simple Sirup, Copaiba,* of each half an ounce; of *Cubebs,* sufficient to make a confection. Of this let the patient take a teaspoonful three times a day.

28. The man left the hospital quite cured.

Case 4.—Anne Stapleton, æt. 16, admitted Jan. 26, 1836, under the care of Dr. Hamilton Roe. She is very pale; the tongue is moist, clean, and reddish; the pulse is full and frequent; the skin hot and

pungent; the bowels are confined; appetite bad; the menstruation has ceased for six weeks. She complains of a gnawing pain in the left wrist. The wrists and dorsa of the hands are hot, tumefied, and painful, and extremely tender to the touch. The pain generally is so great as to prevent her sleeping. She has been thus affected for three weeks, and has been gradually getting worse. To have the hydriodate of potass mixture after the exhibition of a sharp aperient.

27. Considerable nausea has been produced. She has slept indifferently; the wrist is less swollen and painful; tongue clean; pulse fallen and less frequent.

28. She has slept well, perspiring freely. The pain and tenderness of wrist have entirely disappeared, but some pain still lingers in the shoulder. To proceed with the mixture.

Feb. 1. She remains free from pain in all parts, except the shoulder before mentioned. The bowels are well open. The urine has very much increased in quantity since the exhibition of the hydriodate of potass mixture. The queasiness of stomach attending it has entirely subsided.

3. She continues improving in all respects.

9. She goes out convalescent this afternoon.

NORFOLK AND NORWICH HOSPITAL.

This hospital contains upwards of 100 beds, and the medical establishment consists of eight medical officers. From a "Report of the Surgical Patients" admitted during one year, drawn up by Mr. Johnson, the assistant-surgeon, just published in the "Transactions of the Provincial Medical Association," vol. 4, 1836, we extract the following particulars:—

The number of patients admitted in the year 1834 was 658 (469 in and 189 out patients). The deaths were 20 (17 males and 3 females); 2 from burns, 3 from stone, 2 from fractured skull, the rest from various diseases and accidents. Respecting the various affections named in the tables accompanying the reports, Mr. Johnson speaks as follows:—

The following cursory remarks may, perhaps, by surgeons, be deemed to possess some interest:—

Nearly a third of the *ulcers of the legs* were accompanied by a varicose state of the veins. Three only assumed a phagedenic character, but these readily yielded to soothing local applications, and attention to the general health.

Several of the cases of posterior *curvature of the spine* were successfully treated by rest on a firm mattress, the adaptation of a wooden splint, well padded, to the projecting vertebræ, and stretching, which was effected by fixing the head to the upper end of the bedstead, and making careful and graduated extension of the hips and legs.

Both the cases of *cancerous penis* required amputation; in one, the disease appeared to be wholly confined to the prepuce.

Of the *tumours*, one was fungoid, situated on the posterior part of the vagina, and was removed by means of a ligature applied by Gooch's canula: the woman, who was previously sinking from profuse hemorrhage, rallied much after the operation. Four were adipose; two encysted; three irritable tumours of the breast; three enlarged glands; one ranula; two pudendal; two of the nose; one of the parotid gland, and two of the ear.

In one of the cases of *prolapsus ani* the prolapse had taken place into the vagina, and was treated by pessary &c.

The *vesico-vaginal fistula* arose from a severe and long-protracted labour, in which the hand and arm presented and the child could not be turned: no instruments were used. Caustic, nitric acid, the actual cautery, and the use of ligatures at three different periods, failed to close this fistula. When discharged from the hospital, the constant introduction of a sponge sufficed to keep the patient in a tolerably comfortable state.

One of the cases of *diseased testis* appeared to be a combination of hydatidous and fungoid disease.

The disease of the *antrum* presented a very prominent tumour on the left side of the face, and was of three months' duration. A free opening was made through the socket of the posterior bicuspid tooth, and some pus escaped; no diseased bone could be felt. After a short time a solution of sulphate of zinc was injected daily, and the disease was cured, all deformity having disappeared.

The two cases of *club foot* were in infants, and were successfully treated by an instrument worn for six months.

Injections of port-wine and water were used in all the cases of *hydrocele*, with one exception: in this instance there were two separate cysts of hernia, which greatly embarrassed the operation. The injection, which was a solution of sulphate of zinc, having escaped into the cellular membrane, extensive sloughing resulted, but the patient eventually recovered.

Ten male patients were admitted with *calculi*: six were cut, of whom one died, and five were cured: two refused to remain in the house; one was a man of seventy, with a very large stone, having had symptoms for ten years, and was not considered a proper subject for the operation; and one died shortly after his admission, from inflamed bladder and diseased kidney.

One lens was depressed, and one broken up in the case of *cataract*: both operations succeeded.

The *burns* were all treated by the application of wadding.

Both the patients with *fracture of the pelvis* recovered; in one the left thigh was also fractured. Fractures of the thigh are, for the most part, placed on the side.

One of the cases of *dislocated humerus* was of a month's duration, but easily yielded to the pulleys. The clavicle was dislocated at its scapular extremity. The femur was dislocated on the dorsum ilii, and was easily reduced.

A portion, more than five inches long, of a *catheter*, made of soft metal, somewhat firmer than a metallic bougie, was broken off in the urethra and escaped into the bladder of an old man of 80; it was seized by Weiss's forceps and extracted. He died six days afterwards, being sixteen from the accident.

After death the intestines were found firmly bound to the bladder by adhesions of long standing; the coats of the bladder were considerably thickened, and its cavity was much contracted; the mucous membrane was vascular and dark; the right lobe of the prostate gland was enlarged, and the left much more so; the third lobe, which formed a projection into the cavity of the bladder, was soft, spongy, and vascular, and had been perforated by some instrument. The neck of the bladder was found uninjured by the operation, but the lining membrane of the urethra was lacerated in several places. The urine in the bladder was mixed with muco-purulent matter.

FRACTURES OF THE SKULL.

The following cases of fracture of the skull possess some interest:—

Case 1.—*Death from the Removal of Pressure on the Brain.*—James Becket, aged 16, admitted in the afternoon of January the 12th. He came from a distance of four or five miles in a cart, and got out and walked into the hospital without assistance. On examination the breech pin of a gun, which had burst in firing, was found to have penetrated the frontal bone, just in the situation of the superior longitudinal sinus. He gave an account of his accident, answered questions well, and was not at all confused. The surgeon, who had charge of him, proceeded to remove the breech-pin, which was firmly impacted, and afterwards took away three or four portions of bone, one of which contained part of the ridge to which the superior longitudinal sinus is attached. The aperture in the cranium was now nearly an inch in diameter. The dura mater was wounded, and a portion of cerebrum escaped on the removal of the foreign body. The wound was lightly dressed. *Very soon* afterwards he became restless and uneasy; complained of pain, and was much confused. Pulse 50, and intermitting; his pupils rather dilated. Half an hour after the operation he became comatose, and his breathing stertorous; and he had slight convulsive twitchings of his *left arm*.—Ten o'clock p.m. Pulse rapid and small; pupils of natural size; passes his urine involuntarily; breathes heavily; the dressings were thrust up by a protrusion at the wound.

13th, morning. Had been insensible all night; his left arm moving convulsively; the right side of his body paralytic; pulse 150; pupils of natural size, but inactive; respiration hurried; unable to swallow.—Evening. The left side is now become paralytic; tumour of brain more prominent.—14th. Died at ten this morning without convulsions.

Examinatio Cadaveris, Jan. 14.—The tumour protruding through the aperture in the cranium seemed to be composed of dense layers of coagulated blood and cerebral substance, of a dark colour, sloughing and disorganizing; and the brain in immediate contiguity with the hernia, presented a somewhat similar appearance. The tumour arose from the right anterior lobe of the cerebrum, near the superior longitudinal sinus, which had been wounded on the side next the hernia, and a large quantity of coagulated blood was found both above and beneath the dura mater in this situation. The brain, in general, was pale and bloodless.

Remarks.—The surgeon who had charge of this patient has favoured me with the following remarks upon the case:—"This boy walked to his ward on arriving at the hospital; was quite sensible, and continued so, without any symptoms of compression, *until after the breech pin was removed*, when he became, in a short time, comatose with stertorous breathing and dilated pupils, and died in less than forty-eight hours. Death, in this case, ensued from pressure being removed: the brain being left not only *uncompressed*, but unsupported, at the seat of injury, so that some of it escaped through the wound, and a hernia cerebri was quickly formed from the impetus of the circulation. Thus death was expedited by the injured brain protruding so as to interrupt, more completely, its functions. Had I allowed the breech-pin to remain, life would, I believe, have been prolonged, and have terminated, in the course of some days, from inflammation of the membranes of the brain. How are we to reconcile this case with the present doctrines of our greatest authorities, in regard to compression of the brain? The symptoms which quickly showed themselves on the removal of pressure, in the above case, were precisely those enumerated as the *symptoms of compression*. We

can only say, that such a train of *symptoms* are the effect of interruption to the cerebral functions, and that compression is *one*, but *not the only cause* capable of producing these symptoms."

I confess that *I* am inclined to consider the symptoms in this case as resulting from the effusion of blood, which took place from the wound in the superior longitudinal sinus—this wound having been caused by the breech-pin, and effectually plugged up by it; thus accounting for the symptoms of compression of the brain, which so quickly followed its removal.

CASE 2.—*Fracture of the Base of the Cranium, and Effusion of Blood, producing Compression of the Brain.*—Martha Ward, aged 68, of diminutive stature and slender form, was admitted at ten o'clock at night, on the 18th of September. She had fallen down three or four stairs at twelve o'clock at noon; was not aware how long she remained prostrate, but had got up without assistance; she was quite sensible, and had described her fall to a medical student, who visited her soon after, and who thought her case trivial. At three o'clock she became comatose, and her breathing was stertorous; and she remained in this state until six o'clock, when a surgeon saw her, and bled her to twenty ounces. On admission, she was insensible, and her breathing stertorous; her pulse small and frequent; her skin pallid and cold; there was loss of power in the left eyelid, the pupil of that eye being contracted and fixed, whilst that of the right eye was dilated and sluggish. She was continually carrying her right hand to her face, but scarcely moved her left arm; she moved both her legs when tickled on the soles of the feet, but the left less actively than the right; her urine and feces passed involuntarily; there was a very small wound behind the right ear, which, however, did not communicate with the bone; no fracture was felt. She became gradually worse, and died at seven o'clock in the morning of the 20th.

Examinatio Cadaveris, Sept. 20th, at half-past eleven.—There was a fracture of the right parietal bone near the posterior inferior angle, a portion of bone, an inch long by half an inch wide, being insulated and loose, but not depressed. A fissure extended from this spot, *upwards*, along the lambdoidal suture for an inch and a half; and to the same extent across the parietal bone and *downwards*, dividing the petrous portion of the temporal bone, and the mastoid process, and proceeding through the tympanum and eustachian tube, to the fissura lacera, at the base. On removing the calvarium, a large coagulum, weighing three ounces, was found between the dura mater and cranium; it was one inch and a half thick, and produced a corresponding indentation of the brain. The blood proceeded from a branch of the arteria meningea media, about two inches from the external wound; the brain and plexus choroides were pale; there was about half an ounce of fluid in the ventricles.

The first symptoms appear to have been those of concussion, from which she quickly recovered; the succeeding symptoms arose from compression of the brain by a large coagulum.

CASE 3.—*Fracture of the Skull and Depression, without Symptoms.—Operation.*—James Pye, aged 11, admitted December 15th; there was a wound, almost parallel with the sagittal suture, over the left parietal bone, which was bare, and a triangular portion of it depressed, the depression being about twice the thickness of the cranium, and gradually diminishing. He was quite sensible, and answered questions readily and correctly; pupils active; pulse regular. The wound was enlarged, and a portion of the parietal bone, overlapping the edge of the depressed bone, was removed by Hey's saw. The depressed bone was then removed, the outer table being broken into three pieces, whilst the inner table remained whole. About six ounces of blood were lost during the operation.—16. Slept comfortably; is rather feverish. *Calomelanos* gr. iv.—18. Bowels open; tongue very white; pulse quick; answers incoherently. He gradually recovered from this time.

CASE 4.—*Fracture of the Skull with Depression, and Recovery without Operation.*—Charles Harvey, aged 12, admitted July the 4th. He had been struck by a chimney-pot falling on his head from a roof; there was a wound two inches long, and a portion of bone, an inch and a half in length, was depressed, almost the thickness of the cranium. He was sensible, and answered questions well; pupils active; pulse very feeble and quick. The head to be raised, and cold lotion applied; calomel and jalap as a purge. He soon recovered, and was discharged on the 19th.

STRICTURE.—SLOUGHING OF THE URETHRA.—RETENTION OF URINE.—RECOVERY.

Luke Melvin, aged 34, admitted April the 15th. Had had strictures for two years, and bougies had been occasionally passed. He became worse, and eight days before his admission, felt great pain in the perinæum; leeches were applied, but on the 11th, whilst straining to pass his urine, he felt something give way, and on the 12th, first noticed a swelling of his penis, which has increased daily. On admission we found he had not passed any urine for many hours, his penis was enormously swelled and inflamed, and in the centre of the swelling

there was a slough, one inch and a half wide by two inches and a half long, from beneath which, the urine dribbles away slowly. His bladder is not prominent; pulse quick and feeble; tongue furred and brown; countenance anxious; skin cold. Incisions were made freely in the swelling, and fomentations and poultices ordered.

16. Tumefaction less; urine passes, though slowly, from the incisions; bladder prominent; pain from retention great. A small flexible catheter was passed, and a pint and a half of fetid urine removed. From this time he improved, large catheters were used, the sloughs separated, and the ulcers healed, and he was discharged cured May 16th.

STRICTURE. — SLOUGHING OF THE URETHRA.—RETENTION OF URINE.—DEATH.

James Jaques, aged 54, admitted September 24th. Had been subject to strictures twenty or thirty years; about eight days since he was unable to pass any urine, and felt great pain in his perineum, where he perceived a knot. On admission he had an immense swelling in the perineum, extending to the scrotum and left thigh, of a dark red hue, with shining, parched tongue, rapid pulse, and anxious countenance A long incision was made through the most prominent part of the swelling, but no urine escaped; a warm-bath and castor oil were ordered.

25. Restless night; bowels open; tongue and pulse as before. Six ounces of urine were removed on the previous evening by a small catheter. He had vomiting and hiccough; the scrotum is much more swelled; bladder prominent above the pubes. A catheter was introduced, but did not reach the bladder; it entered a cavity in the side of the urethra, and about two or three ounces of bloody fetid urine passed. The incision was made much deeper, when some ounces of urine, mixed with blood and offensive pus, escaped.

26. Bad night; frequent vomiting and hiccough; tongue brown and dry; pulse more quick, and very feeble; the soft parts near the wound dark and sphacelated.

27. Died in the evening of this day.

28. *Inspectio Cadaveris.*—Perineum in a sphacelated state. There was a large cavity beneath the deep perineal fascia, communicating with the urethra, in which no trace of stricture remained. The muscular and mucous coats of the bladder were much thickened, and the latter was in a very diseased state, presenting an appearance of ecchymosis. A calculus, of an hour-glass shape, was found, one of its portions being in the general cavity of the bladder, whilst the other occupied a sac, formed by the mucous membrane protruding between the muscular fibres. Each portion of the calculus was as large as a walnut, and the two portions were connected by a very narrow neck, which broke in removing the calculus. The right kidney was large and studded with cysts, and the left in the same state, but shrivelled.

To the Editor.—Sir: Pray can any of your Norfolk readers inform me whether it be true that Mr. Crosse, the celebrated surgeon, of Norwich, is in the habit of meeting in consultation, at the *Rampant Horse Inn*, in that city, a pretender to a knowledge of medicine, of the name of *Smith*, a breeches-maker, of Diss? Smith I understand, *boasts of the acquaintance*, and it is right that Mr. C. should avow or disavow it.

SUFFOLCIENSIS.

CORRESPONDENTS.

Mentor's *spirt* is not worth printing.

The length of the letter of *XXX* has prevented us from inserting his remarks. Cannot he accomplish the useful portion of his object in half the space, without saying a word about *motives?* He forgets that he is writing anonymously.

The prospectus of the "Association" cannot be published except as an advertisement.

The statements of *A Searcher* must be privately authenticated, and all his allegations must be direct, explicit, and accompanied by such details as will enable them, if occasion need, to be further verified.

A Waterloo Soldier cuts and thrusts as though he were in a pell-mell. His censures are too general, and the reform he desires to be effected, we are ceaselessly advocating.

Any "Non-licentiate" practising in the manner described by *Medicus* would incur the penalties of the Act.

Mr. Baxter's case shall appear forthwith.

A Subscriber from the First.—It will be published next week.

Mr. Young's and *Mr. Groome's* letters next week.

We have found it impossible to peruse with the necessary care the papers forwarded by *Dr. Fox*, of Derby, and therefore postpone all reference to them in the present number of THE LANCET.

Studens and *M. R. C. S. I.*, received.

Mr. Eagle.—We do not recollect having ever received such a communication.

ERRATA.—In Dr. Clanny's paper, page 363, line 25, for *who*, read *Sir H. Davy*. Line 30, after *Shute* insert *Barrington*.